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**The everyday travel of older disabled Londoners
mobility and wellbeing in an urban environment**

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The everyday travel of older disabled Londoners: Mobility and wellbeing in an urban environment

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Abstract

Everyday travel is important for allowing people to access resources, opportunities, and social support, as well as to engage in physical activity and experience wellbeing.

Facilitating mobility for older people is subsequently an important means of addressing social determinants of health and creating age-friendly cities. This thesis explores the different types of mobility enacted by older disabled Londoners, and the implications these have for their wellbeing and social inclusion. I consider both older disabled Londoners' everyday travel outside of the home as well as the types of mobility they perform which are not contingent upon physical locomotion.

I analyse travel diary data to examine the factors associated with reduced propensity to leave the house on a given day (non-travel). Age was found to be the strongest predictor of non-travel and operated independently from disability and employment status, although travel concessions mitigated this effect. Using interview data, I then explore the experience of non-travel by examining the 'non-corporeal' mobility practices of older disabled Londoners. 'Experientially transportive' practices like gaming and reading provide older adults with the resources to deflect the stigma of sedentarism and maintain mobile selfhoods despite reduced corporeal mobility. This fosters some aspects of wellbeing, thus problematising assumptions that 'non-travel' is inevitably detrimental to wellbeing.

Using data from go-alongs and interviews, I then explicate the broader role outdoor mobility plays in older disabled Londoners' lives and wellbeing through exploring the symbolic connotations of 'going out'. After this, I turn my focus to the challenges older disabled Londoners face in corporeally navigating urban spaces. Managing the barriers posed by built and social environments involves contingent and fragile processes, requiring accommodation between the body and its milieu. I describe the tactics and techniques participants develop to deal with these barriers, and how being mobile is experienced in a city still bearing the legacy of a disregard for accessibility and inclusiveness. Finally, I draw on interviews and observation involving transport staff and older disabled people to investigate how older people's sense of independence is negotiated when transport staff provide them assistance. I argue that a Bourdieusian framework is appropriate for understanding the importance of independence in later life and, after demonstrating the inherently contingent and interdependent nature of mobility, posit that our understandings of independence and dependence comprise part of a system of symbolic domination which marginalises older and disabled people.

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Table 1: List of abbreviations

COPD	Chronic Obstructive Pulmonary Disorder
DFT	Department for Transport
DOH	Department of Health
DPTAC	Disabled Persons Transport Advisory Committee
ESRC	Economic and Social Research Council
GLA	Greater London Authority
GP	General Practitioner
LATS	London Area Travel Survey
LTDS	London Travel Demand Survey
MTS	Mayor's Transport Strategy
OADR	Old Age Dependency Ratio
ONS	Office for National Statistics
RNIB	Royal National Institute of Blind People
TfL	Transport for London
UK	United Kingdom
WHO	World Health Organisation

1 Background

1.1 Introduction

We live in an ageing, and urbanising, world; not only are societies becoming older, greater numbers of people are living in cities. This is the case across the world, although the pace of urbanisation is far greater in lower income countries. In the UK, there is an increasing trend of older people remaining in cities after retirement. Later life has become a period of engagement in social and cultural activities; the greater possibilities for cultural pursuits make cities attractive places in which to age. Later life also contains numerous challenges, however. One of the most prominent is that of frailty and impairment. Not only do our societies contain greater numbers of older people, they also contain a greater number of people living with impairments and chronic health conditions, developed as part of the course of ageing.

Being able to move around cities is important for health and wellbeing, not only because it facilitates access to goods, services, and social support, but also because it allows participation in a range of symbolically important activities conducive to wellbeing. For example, taking part in the everyday mundanity of city life, interacting with other passengers on public transport and being witnessed as an independent and competent citizen all contribute to older people's sense of inclusion and worth. However, older people and disabled people face particular challenges travelling within cities. Ageing and impaired bodies may not meet the expectations inscribed into urban environments; the staircases, curbs, uneven pavements and car-dominated streets of contemporary cities place greater demands on these particular bodies, contributing to their disablement. Inaccessible public spaces and dated transport systems continue to undermine efforts to make cities more age-friendly; our cities still bear the legacies of a societal disregard for older and disabled people.

Policy makers focused on cities and transport systems must grapple with how to make cities more age-friendly in spite of these deficiencies. Remedying the disabling potential of urban environments as the city's diverse groups compete for influence is no easy task, especially while ensuring change does not disrupt the systems of movement which facilitate the city's day to day functioning. The pace of change is gradual. Moreover, there is no guarantee of a final accessible and age-friendly city where all are equally free to move without restriction; some barriers are constituted by the sheer density of bodies as they move through the city. How, then, do those who are marginalised by the material and

social conditions in the city cope with these challenges? This thesis grew out of a desire to understand how people do so, while constructing meaningful and prosperous lives (if possible). To do this, I focused on one (heterogeneous) group - older disabled people – in London.

There has already been substantial scholarly interest in these issues; there are large empirical literatures on ageing, cities, and policy responses aiming to manage the processes of population ageing and urbanisation (and their intersections). This chapter will introduce these bodies of work, our broader understandings of everyday travel, and provide an overview of the material and social conditions facing older disabled people in London. By doing this, I will frame the particular issues I explore in this thesis and set out the conceptual tools I have employed in my analysis.

An important point to note, especially over the next two chapters, is the interdisciplinarity of this thesis. The work presented here is an applied sociology, focusing on the everyday travel of older disabled people in London. To do this, I have drawn on a wide range of literatures from several disciplines, while maintaining a broadly sociological outlook. The present chapter will predominantly draw on public health and social policy approaches to ageing, along with criticisms directed at these approaches from other social science perspectives. I discuss the evidence base public health-related research has developed on the link between everyday travel and health, before drawing on historical accounts of ageing and disability to describe the present-day structures relevant to the shape and experience of later life. These literatures represent the starting point for my investigation of older disabled Londoners mobility. In Chapter Two, I introduce more specific bodies of literature drawn from geographic and disability studies related traditions. These perspectives help to bolster the conceptual tools I use to analyse and situate the empirical work this thesis is based on. First, however, I will explicate the rationale for my research.

1.2 Population ageing and disability

The first rationale behind focusing on ageing in urban areas is the scale of the issue. By 2060 people aged 60 or over will outnumber children under the age of 14 for the first time and make up 22% of the global population (WHO, 2007). As well as getting older, the world's population is also becoming more urban. By 2050, two thirds of the global population are forecasted to live in cities (United Nations, 2014). In the UK, adults aged 65 or over will account for almost 24% of the population by 2036 (ONS, 2017). The increase in

life expectancy which has driven this expansion of the older population, however, has not been accompanied by a rise in 'disability-free life expectancy' (ONS, 2016).

At birth, men in the UK are anticipated to live 79% of their lives 'disability-free', compared with 75% for women (ONS, 2016). According to the Department for Work and Pensions (2018), 45% of people over state pension age in the UK report disability. Estimating the number of disabled people in the United Kingdom is difficult because surveys often rely on self-reporting and different definitions of disability incorporate different health conditions; mental illness has more recently been incorporated into understandings of disability, for example, which was not traditionally the case. Nevertheless, public health studies which aim to estimate the impact of age-related diseases have predicted an increase in the burden of age-related disability (Guzman-Castillo *et al.*, 2017). More people are living with chronic health conditions, impairment and disability.

Policy approaches to living well in later life: ageing actively, in place, and in cities

A significant feature of the policy response to population ageing is the principle of 'ageing in place'. Ageing in place is premised on the principle that helping older people to remain at home generates greater levels of wellness, health, independence and social participation (Sixsmith and Sixsmith, 2008). It is therefore in the interests of both older people and the state, since it is more cost effective than residential care and conducive to a higher quality of life. The problems, or rather necessary contingencies, of ageing in place have been clear for some time. Housing conditions are an obvious prerequisite for ageing in place to meet its purported benefits. For example, older people in the UK who are experiencing homelessness, dementia (thus requiring home modification), or are living in private rented accommodation are vulnerable to ageing in places which are unconducive to their health and wellbeing (Means, 2007). Moreover, the broad and uncritical use of maintaining or increasing 'independence' in ageing policy has been criticised (Secker *et al.*, 2003). What use is ageing in place if one is unable to leave the house, socially isolated and lonely? Thus, many have focused on the specific factors which promote the positive dimensions of ageing and can better facilitate ageing in place.

Policy makers have incorporated these factors which promote health and wellbeing in later life into concepts like 'active ageing' (WHO, 2002). WHO's framework for active ageing broadly emphasises tackling the factors which negatively affect health, social inclusion, financial security, the accessibility of the physical (built) environment, and housing quality. However, it has been criticised as vague, simplistic, and perhaps marginalising in its outlook

(Clarke and Warren, 2007; Ranzijn, 2010; Boudiny, 2013). Although the framework highlights the need to facilitate older people's continued participation in employment, many may wish to disengage from the labour market despite any 'dependence' this entails. As Mendes (2013) has argued, active ageing becoming an obligation for older people is problematic. Many of the factors contributing to poor health stem from broader social processes; holding older people accountable as individuals is questionable. These points are important. However, the framework emphasises *rights* rather than obligations; freedom from ageism for those who desire employment, for example, rather than being forced to work through later life (although the raising state pension age is a move in this direction). Moreover, facilitating ageing in place is generally in accordance with older people's wishes, although the progression of austerity policies across Europe has raised questions over the support available to older people to age in place (Vasara, 2015). These critical examinations of active ageing accentuate the heterogeneity of later life; we should be sensitive to the differing needs of older people while attempting to ensure they have the opportunities to make the most of their later years.

Expanding on the active ageing framework, WHO launched an initiative to make cities more amenable to the things allowing older people to age actively (WHO, 2007). A wealth of studies explore different age-friendly cities and the varying ways in which they make themselves accommodating for older people (e.g. Green, 2013; Buffel *et al.*, 2014; Beard and Montawi, 2015; Buffel and Phillipson, 2016). The factors they identify as conducive to age-friendly cities broadly align with those in the active ageing framework, with more of a focus on the conditions likely to be found in urban areas; higher population density and the forms of housing and built environment which accompany it, for example (Fitzgerald and Caro, 2014). There is also a recognition of the overlap between what makes a city age-friendly, healthy, and child-friendly. Promoting social participation and accessibility, creating streets and public spaces which promote physical activity, ensuring adequate and equal public service provision all benefit the population as a whole (Biggs and Carr, 2015; Jackisch *et al.*, 2015).

Taking a more intergenerational view of cities is revealing of the common interests between older and younger people. However, there are some problems the former are more susceptible to. Ageism and the wider societal attitudes that affect older people are examples of this. The negative treatment older people receive affects their access to transport and housing (Minichiello, Browne and Kendig, 2000). Further, in general, older urbanites in both higher and lower income countries report that they do not feel their cities

were designed with them in mind (WHO, 2007). As Day argues, the lack of accessibility found in many urban environments is a testament to the ageism older people are subjected to (Day, 2010). Involving older people in the design of cities is one solution which has been suggested for this problem. However, this is potentially undermined by the increasing influence private interests have on public spaces (Buffel, Phillipson and Scharf, 2012). These examples are underpinned by an important point – age must be considered in relation to the relevant social and built environments. To understand how older people maintain their social inclusion, health and wellbeing in later life we must investigate the conditions they encounter in their neighbourhoods.

Ageing and mobility

The policy guidance provided by the concepts behind ageing in place, the active ageing framework, and age-friendly cities framework outline the general problems which affect older people's ability to live well and maintain their social connectedness and health. First of all, we must recognise the heterogeneity of circumstances faced in later life, along with a range of different desires among older people in the way they would like to perform being older. Secondly, we can see how their ability to be mobile permeates the majority of the factors outlined by the three concepts (active ageing, age-friendly cities and ageing in place). An older person's capacity to travel is one of the major factors which determines whether ageing in place is appropriate or not (Sixsmith and Sixsmith, 2008). Moreover, the concept of ageing in place is predicated on the person's attachment to their local area, on top of the symbolic significance of remaining in one's own home (Lager, Van Hoven and Huigen, 2013). Being able to fulfil one's needs is contingent upon being able to travel, and thus poor public transport provision or lack of car access can result in feelings of unfulfillment (Nordbakke and Schwanen, 2014a). Thus, the ability to travel around the local area is important; most obviously, it is the predominant mechanism which facilitates participation in wider society. Maintaining one's health, involvement in the labour market, and accessing goods, services and social connections are all made possible through travel. I have presented an explanation of the factors which are essential for later life to be a more positive experience and outlined the role travel, and transport, play in that. Although this is reason enough for it to be an important area of enquiry, it is important to elucidate the relationship between transport and health. As is evident in the account presented above, the experience of later life is closely linked with health.

Transport, mobility and health

There are three main mechanisms through which transport influences health. Not only are these essential in preventing ill health, they can often provide a means of managing chronic illness and slowing their advance. For example, physical activity, the first way in which transport influences health, is a means of easing the symptoms of chronic pain and arthritis (Ambrose and Golightly, 2015; Ezzat *et al.*, 2015). Older adults are advised to engage in 150 minutes of moderate intensity physical activity per week in bouts of ten minutes or more (Department of Health, 2011). Although walking and cycling are the primary means of travel involving physical activity, the 'incidental' exercise performed during the course of public transport use is also of note. As Transport for London (2014a) point out in their public health strategy, achieving the recommended levels of physical activity can be done through a ten minute walk to and from the bus stop and a ten minute round trip to buy lunch five times a week. This is clearly aimed at Londoners of working age; however, it illustrates the embeddedness of physical activity in everyday travel. As the government's guidelines on physical activity admit, there is less research on its health benefits for disabled people (Department of Health, 2011). Nevertheless, the Department of Health argue their guidelines are adjustable, although the idea of transport entailing physical activity certainly rests on a set of assumptions about the body.

The second mechanism of the relationship between transport and health is broadly concerned with social inclusion. There are three main components to this; social isolation, loneliness and social exclusion. All of these are potential products of an inability to participate in social relationships or wider society in general (Mackett and Thoreau, 2015; Musselwhite, Holland and Walker, 2015). For example, receipt of free bus travel among older people has been linked with reductions in depressive symptoms and feelings of loneliness, which reinforces our understanding of transport's capacity to facilitate participation in social relationships (Reinhard *et al.*, 2018). Social isolation can be described as a "disengagement from social ties, institutional connections, or community participation" (Pantell *et al.*, 2013, p. 2056). Although related, loneliness and social isolation are distinct. The latter is an objective state whereas loneliness is a subjective negative feeling which may or may not be a product of social isolation. Analysis of the role loneliness plays in the health risks associated with social isolation has suggested that loneliness is not a primary mechanism through which the relationship operates (Steptoe *et al.*, 2013). This suggests that each concept functions with some independence from the other. It is possible for an individual to experience loneliness while possessing an

objectively adequate number of relationships. It is also possible for someone who does not have feelings of loneliness to be socially isolated, as loneliness stems from subjective dissatisfaction with one's social life. The breadth of health impacts social isolation and loneliness can entail make it a major determinant of health in later life (Marmot *et al.*, 2010).

Social exclusion has traditionally been thought of as a more holistic conceptualisation of the problems associated with poverty or economic exclusion (Hills *et al.*, 2002). It acknowledges that if an individual or group are economically disadvantaged, they may also be denied the opportunity to partake in the "normal relationships and activities" that are afforded to the majority of society in the economic, social, cultural and political arenas (Levitas *et al.*, 2007, p. 9). Mackett and Thoreau (2015) provide an examination of the links between transport, social exclusion and health. They suggest that the relationship between the three primarily operates through access to resources (such as sources of healthy food, employment or education), healthcare, and social ties. Furthermore, they highlight that social exclusion is generally associated with higher rates of ill health.

Social exclusion and transport have traditionally been discussed in terms of the effects that 'transport disadvantage' has (e.g. Social Exclusion Unit, 2003; Lucas, 2012). In this tradition, transport disadvantage was seen to contribute to social exclusion by failing to provide access to employment opportunities and services, contributing to the reproduction of social inequalities (Social Exclusion Unit 2003). This understanding of social exclusion generally focused on deprived neighbourhoods which in part owed their disadvantage to poor transport provision. However, the Social Exclusion Unit emphasised the exclusion older and disabled people faced in their report (2003), which is echoed by Mackett and Thoreau (2015). In this light, social exclusion is not only a product of transport disadvantage, but transport disadvantage is a product of broader forms of social exclusion. Indeed, more recent analysis of social exclusion has emphasised that it is complexly entwined with transport disadvantage as well as social capital (Schwanen *et al.*, 2015). This is important as older people, especially the 'oldest old' (over 85 year olds), and disabled people are particularly at risk of both social exclusion and transport disadvantage (Bynner, 2000; Greater London Authority, 2015c; Key and Culliney, 2016). Thus, although in some places transport has become more accessible in recent years, this may not have reduced older or disabled people's social exclusion. For example, research on wheelchair users' experiences of using buses in London has reported that even though transport may technically be considered accessible, it can still engender feelings of worthlessness or

frustration (Velho, 2018); simply being able to use public transport does not mean that one's exclusion is reduced.

The third mechanism through which transport and health are related is travel's ability to foster wellbeing, which is interlinked with both physical activity and the forms of social inclusion I have just detailed. Wellbeing is a broad concept, with numerous complementary and competing definitions. At its core, it is concerned with 'being well', i.e. possessing a "state of positive mental and physical health and welfare" (Andrews, Chen and Myers, 2014, p. 213). Measures of wellbeing tend to vary on whether they prioritise the individual's subjective notions of their wellbeing, or whether they measure the individual against a predetermined set of indicators taken to be 'objective'. Moreover, conceptions of wellbeing tend to differ on whether they are 'eudaimonic' or 'hedonic'; the former is focused on the achievement of self-realisation and virtue whereas the latter is based on the experience of happiness or pleasure (De Vos *et al.*, 2013).

Criticisms of the prevailing conceptions of wellbeing accuse them of resting on problematic normative assumptions of agency (e.g. Taylor, 2011). From this standpoint, the ways in which these conceptions of wellbeing are employed promote marketized and individualised notions of personhood by treating wellbeing as something which should be pursued through rational autonomous action. Taylor (2011), argues that agency is instead located in intersubjective relations. This analysis seems shrewd; we should be mindful of the contingent and relational dimensions of wellbeing, which can be sought through an attentiveness to intersubjective relations and an acknowledgement that wellbeing can be temporally and geographically situated. This is an area where affective understandings of wellbeing make a strong contribution.

Common quantitative or psychometric measures of wellbeing often take it to be a stable state of being. These provide a more generalised overview of wellbeing, but are not able to capture how particular forms of it may be situated in particular locations and/or combinations of material and human actors (Andrews, Chen and Myers, 2014). Through this perspective, we can see wellbeing as a process, which is constantly being made and remade through different complex assemblages of relations (Atkinson, 2013). This allows us to look more closely at the circumstances in which people experience positive affect - positive emotions and the sensations which precede them, broadly speaking (Lomas, 2017). This attentiveness can provide an understanding of how affect can be generated through the assemblages, spaces, and places which are salient at particular points in time. The

focus, through an affectively-informed theoretical lens, is therefore far less reliant on the notion that the individual must pursue forms of wellbeing rationally and autonomously.

Although the affective perspective provides a strong retort to individualised understandings of wellbeing and their normative presumptions, we should be wary of overlooking the potential for normativity to play a role in constituting wellbeing. There is a dimension of wellbeing, discussed at length in this thesis, which is primarily associated with the detrimental impacts of failing to meet particular normative expectations. For example, Michael Oliver (1993) has highlighted the marginalisation disabled people who are unable to walk are subjected to for not meeting this moral standard. Another example is the importance of independence and autonomy to appearing respectable; appearing dependent in the public realm can be perceived as shameful (Fine and Glendinning, 2005). By meeting these normative expectations, individuals avoid inviting the shame and other negative connotations they could incur by failing to meet them and protect their sense of worth and wellbeing.

The notion of self-realisation, central to eudaimonic understandings of wellbeing, is inherently relational (that is to say, contingent upon intersubjective processes). Subjects are formed in specific social and cultural contexts (White, 2015). Therefore, many of the standards an individual desires to meet or exceed are related to these contexts, and their wellbeing should be considered in relation to this. As Schwanen and Ziegler (2011) point out, later life is governed by particular 'normatively prescribed' ways of being and doing. An important component of feeling fulfilled in one's identity as an older person is meeting these normative prescriptions. This thesis will engage in a combination of these conceptualisations while exploring the ways in which every day travel is implicated in wellbeing; embracing the complexity and multiplicity of wellbeing is important for revealing the myriad links it has with mobility (Nordbakke and Schwanen, 2014b).

An important feature of the links between transport, health, and wellbeing which is worth stating explicitly here is that, as Graham et al. (2018) explain, the experience of travel, regardless of its functionality, provides manifold benefits to older people. Viewing the relationship as one which is predicated on access or moving from one point to another is simplistic. Transport allows the performance of activities which help to maintain and support self-identity in later life (Ziegler and Schwanen, 2011). Ziegler and Schwanen provide the examples of being active or invigorated by interactions with others to elucidate this point. Travel helps people to engage in meaningful activities outside of the home,

generating a sense of worth and value, even when there is no significant destination at the end of the trip.

The symbolisms which are derived from different forms of travel can also have deleterious effects if lost. For instance, the negative consequences of driving cessation can result in depression or other adverse health outcomes (Davey, 2007; Chihuri *et al.*, 2016; Pachana *et al.*, 2016). Forms of wellbeing can also be embedded in particular places or activities; notably, particular landscapes can have therapeutic qualities which support wellbeing (Milligan, Gatrell and Bingley, 2004). Rather than viewing wellbeing as a state derived from overall life satisfaction, we can see it as something which takes place through particular assemblages or arises in particular circumstances (Andrews, Chen and Myers, 2014). Encountering certain 'green' (parks, gardens) or 'blue' (oceans, lakes) spaces, for example, is thought to be conducive to wellbeing in later life (Finlay *et al.*, 2015). Finally, travel helps to support wellbeing by symbolising an individual's participation in wider society (Green, Jones and Roberts, 2014). Enacting the entitlement to participation in wider society concessionary travel schemes bestow has also been linked with fostering wellbeing, which reinforces the implication that some dimension of using public transport is symbolic of one's inclusion in a greater whole (Jones *et al.*, 2013). It is worth emphasising that these different connections between transport and health are interlinked and influence one another. Loneliness is detrimental to wellbeing for example, and the social dimensions of wellbeing will be contingent upon one's social inclusion. Having to walk when there is no other option can also reinforce one's sense of exclusion or disadvantage; the symbolic connotations and health impacts of travel intermingle (Bostock, 2001).

Thus far, I have described the ageing and urbanisation of the global and national populations, as well as the increase in disability with which it is accompanied. I then presented an explanation of the factors which support older people, maintaining their health, wellbeing and general inclusion in wider society. Although travel facilitates and supports many of these factors, being older or disabled can make travel less accessible or achievable. So; how do older people experience and cope with these problems? Given the centrality of everyday travel to wellbeing, what role does impairment play in this relationship? In order to investigate these broader social processes, I have focused on London, where these trends concerning population ageing and their policy responses are evident. London has an extensive transport system and should hypothetically be amenable to the needs of older people. However, questions remain over how accessible those with impairments find the city. In any case, impairment itself can be limiting; understanding how

the restrictions of the body can be managed is also important. Before exploring the specific circumstances older disabled people face in London, I will provide a brief history of ageing in the UK; although I have described the more international policy responses, describing the development of later life in the UK will provide an overview of the specific social conditions which influence people as they grow older in the setting where my study was done.

1.3 A brief recent history of ageing in the UK

Later life in its current form began to take shape in the early twentieth century, with those in 'white-collar' occupations retiring with improved occupational pensions. They were not joined by 'blue-collar' workers in large numbers until the 1940s and later (Thane, 2003, p. 100). In the 1950s and 1960s, the retirement ages of 60 for women and 65 for men became widely established, corresponding with the age that people became entitled to state pensions (Phillipson, 2013, p. 74). Retirement was henceforth a social institution and rite of passage, marking one's exit from the labour market. Laslett traces the emergence of the 'third age', the period of life where one can enjoy the fruits of their lifelong labour, back to this period (Laslett, 1987). These developments have also been viewed as problematic, however.

It has been argued that over the course of the twentieth century, population ageing was often treated as an impending disaster (Johnson, Bengtson and Coleman, 2005). Thane describes, for example, how in the 1920's the United Kingdom's falling birth-rates and increasing life expectancy were taken to be indicators of the nation's decline in favour of more youthful nations (Thane, 2003). Although these nationalistic concerns mellowed, discourse in the 1930s continued to treat retirees as a burden. Nevertheless, as the post-war welfare state developed, debates began to revolve around the need to transform old age (Phillipson, 2013, p. 73). State provision in later life was viewed as repayment for citizens' work and service, as well as a means of allaying the insecurity and suffering older age had previously entailed. This does not, however, mean to say that population ageing was not considered problematic – Macnicol argues that 'expert thinking' on ageing and retirement remained concerned by the cost of pensions and the exit of older people from the labour force (2006, p. 152).

This duality between the imperative to enact policies that reduce the poverty and suffering people may experience in later life and the 'burden' of doing so sums up much of the discourse surrounding population ageing in the UK. Since the 1980s, an added concern has

been the 'shadow' the greater number of people entering later life cast over the NHS (Vincent, Phillipson and Downs, 2009, p. 25). The English NHS aspires to tackle this issue by providing older people with care in their own homes (ageing in place). Those who are unable to be discharged from medical care are referred to as 'bed blockers', a term which betrays a tendency to foist some of the blame onto older people themselves (Vincent, Phillipson and Downs, 2009, p. 125). This is not to say that there are not good reasons for the state and other expert commentators to worry about provision for older people. Rather, I want to implicate this problematisation of later life as part of the national discourse on ageing. As such, it is a feature of the social environment in which people age in the United Kingdom.

Peter Townsend's interjection in 1981 provided a more critical perspective. He argued that much of the state's provision had constituted a 'structured dependency' of older people. From this perspective, the institutionalisation of retirement and pensions unnecessarily incentivise and precipitate older people's exit from the labour market, and residential care homes further restrict their independence (Townsend, 1981). Nonetheless, the stability of retirement as an institution did not endure. Uncertainty and inequality in retirement became more obvious over time, with the increasing instability and flexibility of the job market creating ambiguity about the end of employment (Phillipson, 2013). Efforts were also made to promote the potential for older people to remain in work throughout the 1990s and 2000s (Macnicol, 2006). Contemporary later life is thus best understood in terms of 'ages' (i.e. life course stage), rather than age as measured by years lived (Vincent, Phillipson and Downs, 2009).

Recent work has emphasised the diversity of circumstance in later life, although there has been some dispute over whether this has always been the case (e.g. Thane, 2003), or whether it is a more recent phenomenon (e.g. Phillipson, 2013). Stratifications at older ages mirror those found earlier on in the life course (i.e. ethnicity, social class, income, sexuality and gender etc.). Receipt of a private pension remains concentrated among higher socioeconomic groups, for example, and income deprivation at older age is more likely to affect non-white Britons (Phillipson, 2013). Inequalities are also geographic - in some London boroughs almost 50% of older people experience income deprivation (Hanna and Bosetti, 2015). Nevertheless, recent research has done much to progress our understandings of the new divisions which are more specific to later life. I will discuss this in more depth in the following chapter, as well as provide an explanation of how ageing

intersects with disability. First, I will briefly discuss the problems disabled people in the UK face, linking them with those faced by older people.

1.4 Disability in the UK

After the onset of industrialisation in the UK, disabled people were increasingly institutionalised. It was not until after the second world war that the UK government began to legislate in terms which, at least in wording, were more favourable to disabled people (Oliver and Barnes, 1998). From the 1960s onwards, disabled activists and organisations of disabled people politicized disability. Through campaigning, lobbying and direct action – most notably for travel, disabled people chaining themselves to buses (BBC News, 2015) – activists were successful in gaining recognition for the social causes of the marginalisation they faced. A good example of this is the 1995 Disability Discrimination Act, which outlawed discrimination against disabled people, and was eventually incorporated into the catch-all 2010 Equalities Act (Shakespeare, 2006). Whether this recognition is tokenistic or not has been the subject of debate (e.g. Swain, Barnes and French, 2004). The barriers disabled people face in the built environment endure – suburban sprawl reliant upon individual mobility has already been built, as have ‘shared space’ schemes which promote walking and cycling but cause problems for people with impairments (Imrie, 2012; Holmes, 2015). Nevertheless, the changes achieved over the past few decades are viewed as progress.

However, the implementation of austerity and the continuing neoliberalisation of the UK’s welfare state, which echoes more global trends (Sakellariou and Rotarou, 2017), is generally seen as a regression by those studying disability. Content analysis of newspapers has found that disability has been talked about in increasingly negative terms since the implementation of austerity (Briant, Watson and Philo, 2013). Up to 600,000 people lost the right to the Disability Living Allowance benefit as it was transitioned into the Personal Independence Payment benefit as of 2013 (Cross, 2013). This change has been likened to ‘state violence’ (Roulstone, 2015), a charge echoed by the United Nations in a recent report on the status of disability in the country (Convention on the Rights of Persons with Disabilities, 2016). Separate schemes like Motability, a state-funded charity which subsidises car ownership for disabled people, have been greatly reduced in scope (Power, 2016). The regime of austerity has also impacted on older people. The push to make UK cities more age-friendly has been hindered by public service reductions (Buffel and Phillipson, 2016), which have also exacerbated the precarity, risk and disadvantage

experienced by older people (Grenier *et al.*, 2017). Although older disabled people are increasingly encouraged to live independently and promote their own health and inclusion, the state provision designed to support them is diminished. In the following chapter, I will present the theoretical framework I have used to conceptualise my empirical investigation of these issues. Before doing so it is worth exploring some of the specific circumstances in London, the site for my study.

1.5 London

London's population of over 65 year olds is the fastest growing in the country (ONS, 2018c). By 2035, there will be just over 750,000 Londoners over the age of 75, an increase of over 290,000 from 2015 (GLA Intelligence Unit, 2016). Accompanying this increase will be a rise in Londoners experiencing a long-term health condition or disability. Currently, 36% of Londoners over the age of 65 report disability, accounting for 45% of disabled London residents (Transport for London, 2014b). By 2031 it is estimated that there will be an additional 150,000 people in London reporting 'reduced mobility' (that is, some kind of disability), bringing the total to over 1 million. (London Councils Transport Environment Committee, 2015).

Common hindrances to travel in later life include inability to drive or access to a family member who can drive (Green and Lakey, 2013; Nordbakke, 2013), driving cessation (Davey, 2007; Mackett and Thoreau, 2015), and financial constraints (Rantakokko, Mänty and Rantanen, 2012). Older citizens in London are, theoretically, less vulnerable to these impediments. First, car ownership and use are lower than elsewhere in the country, so people are less likely to be reliant on driving as they approach later life. Secondly, there is relatively good access to frequent public transport services, which are free at the point of use for older adults and disabled people. Over 90% of London's population live within 200m of a bus stop (Mayor of London, 2010), and public transport use is widespread and less stigmatised than elsewhere (Green, Jones and Roberts, 2014). London's bus fleet has been 100% accessible since 2005 (London, 2016). Nevertheless, much of the city's transport infrastructure is oriented towards shuttling commuters in and out of the city centre, with a neglect of orbital routes in Outer London (although recent investment has tried to address this issue) (Greater London Authority, 2015b). The transport network, especially the Underground, is also beset by overcrowding, which can be a deterrent for older people (Transport for London, 2013; Green, Jones and Roberts, 2014). Thus, it is not entirely surprising that car use is still prevalent, with 57% of Londoners aged 65-69 and 22%

of those over 80 reporting driving at least once a week (Transport for London, 2014b). This is especially the case since many of the city's older people live in Outer London¹ where transport links are sparser and car use is more common (Fairnie, Wilby and Saunders, 2016).

There is also reason to believe that London's transport network is problematic for older and disabled people. Currently only 70 of London's 270 tube stations are step-free, with half of those still requiring the equivalent of a step to get onto the train from the platform. By 2040 the Mayor plans to have introduced step-free access at another 69 stations, bringing the number of step-free stations to just over half of the total (Mayor of London, 2017, p. 131). Not only does the lack of step-free access have the potential to prohibit particular trips, it has been described as making travel more stressful, which potentially interferes with the relationship between travel and wellbeing (Mayor of London, 2017). Although the improvements made to London's transport system have made it more accessible, increasing demand for transport from older and disabled people is not expected to be offset by accessibility improvements on mainstream transport, and future improvements in accessibility are likely to be incremental rather than large-scale (London Councils Transport Environment Committee, 2015).

Some older and disabled Londoners are also eligible for 'social needs' transport modes (paratransit); Dial-a-Ride and Taxicard are the two largest (some other small schemes exist but are not referenced in this thesis). Appendix A provides an overview of the travel modes and subsidies provided to older and disabled Londoners. Dial-a-Ride is a door-to-door bus service generally only available for local trips and Taxicard is a subsidised taxi scheme which allows members to book taxis and private hire vehicles with accessibility modifications and trained drivers (for example wheelchair accessibility). These trips are then subsidised to an extent which varies depending on the borough one lives in. Some other transport is available through local authorities and community transport organisations; however, like Dial-a-Ride and Taxicard they generally provide a less expedient and flexible means of travel than public transport.

¹ Outer London refers to the city's boroughs which form a ring around its circumference. Inner London refers to the city's central boroughs. Outer London consists of: Barking and Dagenham, Barnet, Bexley, Brent, Bromley, Croydon, Ealing, Enfield, Harrow, Havering, Hillingdon, Hounslow, Kingston upon Thames, Merton, Newham, Redbridge, Richmond upon Thames, Sutton, and Waltham Forest. The boroughs of Haringey and Newham may be included in either Outer or Inner London depending on the context.

Two final considerations are the nature of London's built and social environment. The first concerns the disabling qualities of the built environment. This is a broader point and will be discussed in more detail when I outline the conceptual framework I use to understand disability. Nevertheless, it is important to note that not only do city environments inherit disabling features (Imrie, 1998), contemporary redevelopment of these spaces may also be disabling in different ways (Imrie, 2012). Disabled campaigners report that journeys for Londoners who require full accessibility can take on average 4.5 times longer than they would for those who have no accessibility requirements (Trailblazers, 2016), and more recent policy documents acknowledge that problems with London's transport system endure (Mayor of London, 2018).

Research from the Netherlands has indicated that the sheer rhythmic disparity between older people and younger residents has some marginalising effect on older people in urban environments (Lager, Van Hoven and Huigen, 2016). Perhaps some of the marginalisation experienced due to ageing in urban environments is unavoidable. A second consideration are the non-environment related structural conditions older people face in London. London has some of England's highest rates of income deprivation affecting older people; seven of the top ten local authorities in this category are in London (Department for Communities and Local Government, 2015). In the top three, all of which are boroughs in east London, between 40% and 50% of older people are affected by income deprivation. Although older people in London benefit from free travel, this does not mean that they will have enough money to support the activities which travel is used to access.

1.6 Thesis structure

I have thus far outlined the problem which prompted this study, illustrating the population ageing and urbanisation which pose challenges for cities and the conditions within cities which pose challenges for older people. This is particularly problematic because of the role everyday travel plays in promoting health and wellbeing in later life; older people's ability to attain wellbeing is in part reliant upon their ability to travel within the urban environments they live in. The following chapter will expand upon these points and lay out the concepts I have employed to aid my analysis of the empirical chapters in the thesis. These concepts will contextualise the methodology presented in Chapter Three and the way I approached fieldwork and data generation. I will discuss the strategies I developed and problems I encountered in generating 'mobile' data with people for whom mobility, everyday travel, can be problematic.

Chapter Four presents the preliminary analysis I conducted as a broader overview of the field of mobility. This chapter focuses on quantitative analysis of the London Travel Demand Survey, looking at the propensity to 'non-travel' (stay at home all day) associated with different characteristics (for example age, employment status, disability). I also investigate the reasons given for not leaving the house, revealing that the factors involved are complex and there are manifold salient contingencies. This raises questions over the suitability of attempting to promote everyday travel without taking stock of the wider routines of mobility and forms of enjoyment and value gained by spending time at home.

Chapter Five further scrutinizes the notion of non-travel by incorporating a broader view of what constitutes mobility into the thesis. Through investigating the way older disabled people represent the time they spend at home, in part due to the challenges wrought by impairment and disability, we can see that 'non-corporeal' forms of mobility (not based primarily on physical locomotion) can be seen as 'experientially transportive'. These forms of travel are deployed in interaction to sidestep the stigma of sedentarism and maintain one's identity in the face of decreased corporeal mobility. This makes it difficult to assess the validity of claims of their transportive effect on older people's subjectivity, however. Nevertheless, I begin to paint a more holistic picture of their mobility, balancing the time spent at home resting, the social ties maintained through different communication technologies and the wellbeing and value derived from outdoor travel.

In Chapter Six I mirror my scrutiny of time spent at home by looking at the meanings participants ascribed to leaving the house, or 'going out'. I examine the discourses and forms of symbolic value attained through leaving the house, for example the performance of wellbeing through exercise and encounters with fresh air and the natural world. I look at the role 'the public' play in constructing the meanings held by everyday travel for older people; appearing in public involved opening yourself up to the scrutiny of others, where displays of dependency may incur stigma. However, it may also entail receiving recognition from others and establishing a more 'public' identity and sharing common ground with other travellers. Finally, I attempt to subvert individualist understandings of wellbeing by looking at the ways it can be collaboratively constituted through mobility.

In Chapter Seven, I turn my attention to the factors which facilitate easier outdoor travel. I argue that the bodily changes wrought by ageing, impairment and chronic illness problematise the taken-for-granted forms of travel which support older people's mobility. Drawing on Bourdieu's theories, I argue that the resources available to individuals are

influential in facilitating their readjustment to different forms of mobility. Crucially, these resources are deployed not only to cope with bodily changes and instrumentally maintain their mobility but also to support their sense of ontological security – enduring identity. The insecurity and discomfort which can accompany travel through public spaces, the threats to one's sense of independence, and the accompanying reduction in symbolic value experienced through mobility, are all warded off or minimised through deploying these resources. Older disabled people thus ensure their everyday travel remains everyday; mundane, unspectacular and, often, pleasant.

Chapter Eight, the final empirical chapter, undertakes a critical examination of the role independence plays in older disabled people's mobility. I look at the paradoxes within common conceptions of independence and use Marcel Mauss's theories of gift exchange to investigate how independence and dependence are negotiated by transport staff and older disabled people on public transport. This in turn is revealing of the interdependencies involved. Finally, I provide an example which illuminates that mobility is inherently contingent upon interdependency. Expanding upon this example, I argue that a Bourdieusian framework allows us to see the independence and dependence dualism as a mechanism of symbolic domination which reproduces the marginalisation of older and disabled people, all the while maintaining a grasp of independence's significance for older people.

Chapter Nine brings together the empirical findings detailed in previous chapters, highlighting the ways in which I have engaged with the relevant bodies of literature and reconciling my arguments with the broader theories I have used. I detail the contributions I have made through this thesis, put forward some implications the thesis has for policy makers and discuss the strengths and limitations of this study. I conclude with some thoughts on the impact contemporary attitudes to later life have on older disabled people.

2 Theoretical framework

In this study, three particular bodies of theory have provided useful concepts for conceptualising older disabled people's everyday travel. These are Bourdieu's theory of practice, the mobilities paradigm, and the relational model of disability. Bourdieu's theories provide a useful framework because of his reconciliation of structure and agency; his conceptualisation of the social world allows an understanding of the material and social conditions which influence people's practice while avoiding crude structural determinism. Bourdieu's theories can therefore aid an analysis of how different people can react to the material conditions they face. Secondly, everyday travel must be considered in relation to the environment being traversed; Bourdieu's approach allows an understanding of how power relations influence that environment and the way people move through it. At the end of this chapter I will provide an overview of how the competing social groups in London imprint their interests on the built environment, and how this influences older disabled people's experiences of travel and ageing in place. First, I will detail the elements of the mobilities paradigm I have drawn upon, followed by an explanation of Bourdieu's theory of practice. After this I will outline contemporary understandings of later life and disability, before finally presenting mobility in London as a social field, in which older disabled people occupy a subordinated position.

The framework presented in this chapter draws on several disciplines. Bourdieu's approach is firmly sociological (although there are, of course, significant overlaps between sociological and anthropological perspectives). The mobilities paradigm is the product of both sociological and geographic research, along with contributions from transport studies and other travel related disciplines. In the discussion of disability and ageing I present in this chapter, I draw on literature from sociology, gerontology, and disability studies, before incorporating historical literature when positing London as a social field. The motivation behind this eclecticism is important. Ageing, disability, mobility and wellbeing – the principal concepts under study in this thesis – are conjoined in a complex and multifaceted entanglement. These phenomena are inherently overlapping, not easily separated, and as I will go on to argue, help to constitute one another. In response to this, I have drawn on a multitude of literatures to better examine the contextual and contingent dimensions of these concepts, which help my analysis to problematise some of the links between them and further our understanding of their entanglement. This will become clearer as I present my methodology in Chapter Three and advance through the empirical sections of the thesis. The following framework will provide a basis for these chapters.

2.1 Mobilities and everyday travel

The conception of everyday travel I have employed in this thesis draws heavily on the research and theory that has been advanced in what is commonly called the ‘mobilities paradigm’. Developing out of an increasing awareness of the ‘static’ nature of social thought (Sheller and Urry, 2006), this agenda spurred a focus on mobility across the social sciences (Faulconbridge and Hui, 2016). There has subsequently been a wealth of research which draws upon the mobilities paradigm and focuses on the ways in which people, objects, cultures, spaces and information move and can be understood in terms of flows of movement (Adey *et al.*, 2013). For example, we can derive a new understanding of belonging and place attachment by viewing them as constructed through repeated processes of mobility rather than simple fixity (Arp Fallov, Jørgensen and Knudsen, 2013). Mobilities research has concurrently emphasised the immobile ‘moorings’ which support systems of mobility; airports and petrol stations for example (e.g. Normark, 2006; Adey, 2007). It does not crudely focus upon movement, and explores the networks implicated in mobility.

One of the major lines of theory mobilities research launched from is that which focuses on the flows generated through globalisation (Sheller, 2014). The mobilities approach contributes to this a focus on the forms of movement which have supported these networks and the ways in which contemporary social relations overcome spatial schisms. There is an especial focus on the discourses, practices and infrastructures implicated in mobility (Sheller, 2014). Through a sensitivity to these elements we can uncover the power relationships involved in mobility and the human impact they have, rather than advancing an uncritical exploration of flows. This focus has allowed an inspection of the social consequences of these movements; Urry’s (2007) ‘network capital’, for example, provides a means of conceptualising the social relations gained through mobility and the forms of value they produce. Kaufmann *et al.* go further and try to evaluate agents’ or objects’ capacity to be mobile through their concept of ‘motility’, allowing one to treat mobility as a capital which can be traded for others (Kaufmann, Bergman and Joye, 2004). These two concepts indicate the development of an important theme in the paradigm; the power dynamics and inequalities which arise through mobility. As Cresswell (2010) has argued, the study of human movement needs to be perceptive to power dynamics; the social relations surrounding mobility often involve the production and distribution of power. He uses the example of racial profiling in the policing of car drivers and aeroplane passengers to demonstrate how political mobility can be. One can also see that, in comprehending the

mobility of older disabled adults who may confront ageism or challenging built environments, it is important to understand how power dynamics influence their capacity to be mobile, their experiences of mobility, and the meanings they instil within their mobility. Schwanen and Paez (2010) corroborate this point, arguing that mobility is one of the arenas in which the social inequalities related to age are produced. The power dynamics which stem from these inequalities are one of the foci of this thesis.

This focus on human movement is the second thread of mobilities-inspired research this thesis draws upon. This may seem obvious. However, it is important to set this study apart from research focusing on the constitution of space, the broader structuring of social relations and the mobility of objects. My use of the mobilities paradigm rests firmly within a sociological framework, with an especial attentiveness to wellbeing. Thus, although authors like Burnett and Lucas (2010) have also conducted research on the mobilities of older adults, their focus differs to mine, as they prioritise movement itself and the networks forged through movement. I am, on the other hand, interested in mobility as a property of older disabled people and feature of their lives. Thus, I have tried to maintain an attentiveness to the “fact of movement”, the “represented meanings attached to movement” and the “experienced practice of movement” (Cresswell, 2010). An important feature of how I have tried to do this is represented by the final conceptual tool I have derived from mobilities research. This is the incorporation of non-physical, or what I term ‘non-corporeal’ forms of travel.

The foundation Urry (2007, pp. 46–47) provided for the study of mobilities rests on a rejection of the precursory assumption that ‘immediate presence with others’ is the basis of social existence. That social relations operate beyond propinquity is nothing new. The important point, Urry contends, is that people are travelling further and faster, and the role of technology is much more prominent. This significance of technology has led to a proliferation in forms of mobility which are not primarily fuelled by the physical travel of individuals. For example, he incorporates virtual and imaginative travel, performed through visual media, into his understanding of mobilities. He also accounts for communicative travel, which takes place through person-to-person telephoning and messaging (Urry, 2007). The important point here is not that these forms of mobility are replacing physical travel; Urry (2002) remained steadfast that physical propinquity was vital maintaining social ties. Rather, these forms of virtual and imaginative travel are complementing physical

travel and opening up new avenues for social interaction which are supported by 'immediate presence'².

Television is one example of these non-propinquity based forms of mobility, taking images filmed at one point in space and time and projecting them around the world. Where sociologists like Robert Putnam (2000) view television viewership as a cause of dwindling social capital, Urry sees a form of mobility which generates and supports social bonds. He uses the example of how pictures, films, images, and objects like travel brochures create relationships between individuals and places, many of which prompt tourism or other forms of mobility. Urry primarily explores imaginative travel as a factor which facilitates greater corporeal (physical) mobility. Others, however, have used these broadened understandings of mobility to better understand the subjective dimensions of travel. Travel, defined as 'overcoming separation', can include visiting social, psychological, conceptual and imaginative spaces (Ziegler and Schwanen, 2011). These forms of travel have been hypothesised as increasingly important in later life, where they can fill the void left by diminishing corporeal mobility. Certainly, there is reason to believe that virtual and imaginative travel can do much to support the maintenance of social identity in the face of dwindling corporeal mobility (Ziegler and Schwanen, 2011). Recent years have seen repeated calls for a greater attentiveness to relevance of imaginative travel, and spaces, to older people (Wiles *et al.*, 2009; Musselwhite, Holland and Walker, 2015).

Across the course of this thesis, I will collectively refer to the forms of movement outlined above as 'non-corporeal' travel. 'Corporeal' and 'non-corporeal' travel intersect in many ways. For example, Germann Molz and Paris (2015) have revealed how the contemporary backpacking experience is constituted through a mixture of physical (corporeal) travel and non-corporeal travel (for example through use of the internet, Facebook, and mobile phones). Moreover, bus riders have been found to use the internet while travelling; their experience of bus travel is constituted through several forms of mobility (Clayton, Jain and Parkhurst, 2017). In some respects, it is more appropriate to treat different forms of corporeal and non-corporeal travel in terms of constellations or networks. However, I use them in a context which requires a clear delineation between the forms of travel conducted within the home and those conducted outside of the home. Although non-corporeal travel can be undertaken anywhere at any time, corporeal travel is generally not

² Although the continuing evolution of social media platforms like Twitter and Instagram could perhaps be seen as generating social ties which do not incorporate immediate presence.

possible if the body, and any material appendage which supports movement (i.e. a vehicle or wheelchair) is sedentary. It is worth noting that Sheller and Urry (2003) are also perceptive of the significance non-corporeal forms of mobility have for the home. In their exploration of how public and private life can be viewed differently through a mobilities influenced approach, they argue that communication technologies have the potential to 'de-differentiate' what is public and what is private.

The conception of mobility I employ takes both corporeal and non-corporeal forms of travel into account and operationalises a broad view of mobility. I thus consider all of the ways in which participants overcame separation and space in their day-to-day lives. Although I have engaged with some travel which took participants more further afield (for example tourism), I have focused on the travel they conducted within London (corporeally, at least). As Metz (2000) argued, these local short distance trips and high frequency movements outside of the home are the priority for older people. Having provided the framework I use to understand their mobility, I will now detail my understandings of disability and its relationship later life.

2.2 Disability: A relational approach

In recent decades, understandings of what constitutes disability have changed dramatically (Oliver and Barnes, 1998), however these understandings remain disputed (e.g. Jolly, 2012). The most conspicuous aspect of this change has been the challenge that the social model of disability, which emphasises the primacy of social structure in disablement, made to popular understandings of disability. The social model sees disability as a social problem; an oppression excluding disabled people from mainstream society. The medical model, conversely, sees disability as a property of individuals; a corporeal defect which should, if possible, be treated (Oliver and Barnes, 1998). Operating in a somewhat parallel line of study, medical sociologists have investigated disability through a range of approaches, for example by viewing it through the lens of social deviance (Thomas, 2012). A common criticism of the social model, which Thomas identifies in her analysis of sociological accounts, is that it overlooks the importance of impairment in constituting disability (Thomas, 2004). Not only is this ontologically problematic, it risks overlooking the suffering caused by impairment and pathologizing efforts to respond to the ailments caused by impairments (Shakespeare, 2006). The social model is not without its problems; however, it is worth pointing out that it has been hugely successful as a political tool for improving the lives of disabled people (Scambler and Scambler, 2010; Shakespeare, 2013).

Contemporary studies of disability have moved beyond the social model's focus on oppression, in part by grounding their analysis in the nuance of disabled people's everyday lives (Thomas and Sakellariou, 2018). Accompanying the developments in disability theory has been an enlargement of the scope of what composes disability, with "learning difficulty (and variant terms), mental health issues, sensory impairment and latterly autism" having a growing presence in the literature of disability studies (Roulstone, 2015, p. 674). One of the most useful aspects of this recent nuance in disability studies is the emphasis on relationality. This perspective is strongly advocated by Shakespeare, who strikes a balance between acknowledging the disadvantages which accompany impairment along with recognising the discrimination which helps to constitute disability (Shakespeare, 2006). Thus, disability should be understood as a relationship between intrinsic and extrinsic factors. The former includes the nature and severity of the individual's impairment and their attitudes towards it, and the latter includes how other people react to it and how disabling or enabling the environment is. Someone can identify as a 'disabled person', however this is not an intrinsic characteristic. What makes them disabled are the relations between their body, subjectivity, and the material and social conditions they inhabit.

I have chosen to employ a relational view of disability for the reasons presented above. One additional point is that the relational view fits well with the Bourdieusian framework I have used in this thesis. Bourdieu's view of the social world is also relational and has allowed me to consider the structural challenges participants in the study faced while exploring how they negotiated them, as well as their experience of impairment. In regard to language, as a non-disabled person I have tried to remain true to the way that participants identified themselves. Many had been influenced by the social model and considered themselves to be disabled; others did not subscribe to the identity as strongly, although they considered themselves to 'have a disability'. Generally, I have tried to use impairment to describe the corporeal or biomedical dimensions of their experiences, reserving the term disability to refer to how those corporeal dimensions interacted with social environments in more immediate contexts. Before going on to outline the Bourdieusian framework I have used, I will discuss the relationship between ageing and disability. The first step is to distinguish between understandings of the body linked with ageing and those linked with disability.

Corporeality and the third and fourth ages

Higgs and Gilleard (2017) provide one of the most convincing analyses of the inequalities permeating later life, arguing that frailty has become the primary source of division at older

age. On the one hand, frailty draws the line between people who are merely 'older' (i.e. third agers) and people who are 'too old' (i.e. fourth agers); however, it can also separate those who age successfully from those who age unsuccessfully. These two points are distinct, but related. Gilleard and Higgs's use of the terms 'corporeality' and 'embodiment' are important in understanding this distinction. Corporeality refers to the body's material makeup; whether it is impaired, weakened, or frail, for example. Embodiment, in their eyes, refers to the body's role as a source of social agency and identity; it involves the performance of narratives and practises which make up lifestyles (Gilleard and Higgs, 2018). Without resorting to a Cartesian dualism, corporeality *happens to* the subject, providing them with a set of tools to use for expressing agency and identity. The use of these tools is embodiment.

They describe the third age as a 'network of cultural fields' which is notable due to its focus on consumption (Higgs and Gilleard, 2014). This definition is built on the work of writers like Laslett (1987) who, in detailing the historic conditions that led to the evolution of the third age, describes it as the culmination of an individual's 'life plan'. Maintaining good health into old age is a historic precondition for the third age; it would not have been possible without the extension in life expectancy achieved in the twentieth century. This has implications for the accessibility of the third age for people who are affected by ill health in later life, which this thesis will explore. However, the point is that later life is often a time of self-realisation where people can pursue their personal interests. This period comes to an end when people reach the fourth age.

The fourth age is defined by frailty and the loss of agency and is marked by an 'event-horizon' which marks when an individual is institutionalised (in a care home, for example) (Gilleard and Higgs, 2010). Gilleard and Higgs emphasise that the fourth age is a 'social imaginary'; a set of circumstances constructed through our collective understandings of frailty and abjection (Higgs and Gilleard, 2014). The institutions which define the final stages of life – residential care homes, for example – are products of this imaginary. The loss of agency or personhood in the fourth age is not inevitable and is constructed through this othering imaginary. Further research has highlighted the work people engage in to avoid the advent of their fourth age and maintain their sense of self and dignity (Lloyd *et al.*, 2014). The nature of encounters with carers is a particularly pregnant example of how the prospect of the fourth age is negotiated by older people; receiving care without recognition of one's biography and personhood is emblematic of the fourth age's dehumanising qualities (São José, 2018). As Price *et al.* (2014) demonstrate, older people

may actively avoid confronting the looming spectre of residential care and its related costs – the fourth age is rebuffed and othered until it is entered.

Disability as a component of ageing

Whether the impairment that results from the frailty and chronic illness which often accompanies ageing in later life constitutes disability is the subject of debate. Gilleard and Higgs (2013) reject the appropriateness of disability as a lens to view the bodily changes wrought by ageing. However, their analysis of the way later life impacts upon one's health and body is quite broad; they generally do not interact with the specificities of particular conditions or impairments (apart from dementia). Secondly, their focus is largely on the 'social imaginary' which pervades understandings of the final stages of later life. It looks less at the ways in which older people, who may be ageing 'unsuccessfully', live well throughout ill-health or frailness; those with long-term health conditions often live in the community for long periods before they require care. They may be accused of having aged unsuccessfully, however, the fourth age and disability seem to be two distinct concepts; the former is a construction stemming from the alienation and othering impressed upon people in the final stages of life.

It is also prudent to remain aware of the dynamic nature of disability in later life (Gill *et al.*, 2006). Particular conditions can vary in their restrictive qualities from day to day or year to year. We should be cautious of assuming the boundary between disabled and non-disabled people is fixed and rigid (Burchardt, 2000). Of course, the experience of disability for people who are of working age will be different to the experiences of disabled older people; the latter will not experience the same exclusion from the job market, for example. The experience of ageing will also influence how people understand the corporeal changes caused by impairment. However, as we can learn from those who have viewed disability through a life course approach, we can see people not as 'non-disabled' but rather 'temporarily able-bodied', due to the likelihood we all face in experiencing disability at some point in later life (Lee, 2002). Disability is merely a component of their trajectory through later life. The important point is to acknowledge the nuance present in different experiences of disability and ageing.

2.3 Bourdieu and field theory

Mobility is intimately related with environmental and material factors. The most explicit of these is the adequacy of public transport services provisioned to those with restrictive impairments. However, these environmental factors are likely to range far beyond that and

encompass issues such as government welfare policy and public attitudes. An example is contained in a recent publication by Muscular Dystrophy UK, which reported that two thirds of its research respondents had experienced problems getting on a bus due to the attitudes or behaviour of fellow passengers (Trailblazers, 2016). Therefore, these factors must be accounted for in efforts to investigate people's mobility, especially those who may be disadvantaged by environmental circumstances.

By employing Bourdieu's understanding of the social world as a series of social fields, I maintained a consideration for the structural conditions participants were faced with. These structures are not only present in 'objective' circumstances but are also inculcated and expressed through the actions of social actors. Moreover, Bourdieu's emphasis on the role of the body as a 'bearer of value' provides a useful lens for understanding reduced mobility or disability. This argument has previously been suggested as a means of overcoming the limits of both the medical and social models of disability (Edwards and Imrie, 2003).

Field theory

Bourdieu emphasises the 'primacy of relations' in the social world (Bourdieu and Wacquant, 1992, p. 15). Wacquant argues this is expressed most clearly in a phrase of Marx's, which states that "society does not consist of individuals; it expresses the sum of connections and relationships in which individuals find themselves" (Marx [1971], as cited by Bourdieu and Wacquant, 1992). For Bourdieu, social science must be concerned with the relations between different objects rather than the objects themselves, as these relationships exist (he asserts, again quoting Marx) "independently of individual consciousness and will" (Bourdieu and Wacquant, 1992, p. 97). As reality is considered a structure or matrix of relationships, a focus on objective (external) social structures or subjective (internal) interpretations of the world misses the point. What is important is the interplay between them, or the "*dialectic of the internalization of externality and the externalisation of internality*" (Bourdieu, 1977b) (italics in original).

For Bourdieu, the sites in which social action occurs can be conceptualised as 'fields'. The field can be expressed as a social space, containing "a set of objective, historical relations between positions anchored in certain forms of power (or capital)" (Bourdieu and Wacquant, 1992, p. 16). Thus, there are positions which exert more domination over others and positions which are the subject of this domination. It is crucial to note that these positions only exist in relation to other positions, and their specific location is not absolute.

Practice is generated by the relations between habitus and field, as dispositions stem from the habitus, and the structures in which practices are contained stem from the field. Fields studied by Bourdieu include those of art, culture, education, and sport (Bourdieu and Wacquant, 1992). It follows that an individual inhabits any number of fields at one time (for example, an individual studying the history of art inhabits a position both in art and in education at once).

In Bourdieu's account, capital has four predominant forms – economic, social, cultural and symbolic – and the extent to which an individual possesses each one is the mechanism through which individuals assume a position in a field. These capitals are the properties which embellish an individual with power or status and determine whether their position in the field is one of domination, subordination or homology (Bourdieu and Wacquant, 1992). Doxa is described as a “set of fundamental beliefs which does not even need to be asserted in the form of an explicit, self-conscious dogma” (Bourdieu, 2000, p. 15). In other words, doxa is what is considered obvious and common-sense. A pertinent example here may be the common assumptions people may have about ageing and the impact that has upon mobility.

To place my understanding of disability within Bourdieu's framework, we should look at the body. As the ‘bearer of value’ (Edwards and Imrie, 2003), the body is inscribed with symbolic value. This is what places disabled people at a disadvantage in social fields; different bodily states correspond with different degrees of capital. Moreover, we can see that disability is relational, not just in terms of being an interaction between the intrinsic and extrinsic, but in terms of being a circumstance which arises due to the relations between different positions in a social field. One cannot be inherently disabled; you are disabled because of how your field position corresponds to others. Ontologically, disability is similar to the relations which produce class, racial and gender inequalities. However, disability is compounded by the barriers posed by inaccessible built environments (and buildings). Chris Shilling (2004, 2013) goes further than Edwards and Imrie and argues that Bourdieu's treatment of the body is such that it should be viewed as bearing a kind of capital. This certainly suits the purposes of this thesis; seeing ‘bodily capital’ as something which can be exchanged for mobility and other forms of symbolic capital is logical.

To apply Bourdieu's framework to mobility, the first thing to establish is that mobility in London is a social field. This is an important step because it provides a mechanism we can use to understand the circumstances which produce the conditions older and disabled

Londoners must travel within. The inaccessibility of many tube stations, for example, and the present-day promotion of cycling and walking, both can have tangible impacts on older disabled people's ability to travel. By looking at how these circumstances are produced, we can identify the power relationships which have helped to constitute them. The next section will do this, with a focus on the more contemporary machinations within the field.

2.4 The social field of mobility in London

To map out the field of mobility in London, I would first like to outline some of the objective conditions that co-produce people's mobility practices. These are the outcome of historic symbolic struggles, and in part define what is doxa. Due to its historic public transport infrastructure and more recent policies explicitly aimed at reducing car use (for example congestion charging), London is generally less car-centric than the rest of the UK (Greater London Authority, 2015a). The city's public transport system began to emerge in the late 19th century, when the first Underground railway lines were built (Hall, 2013). Hall (ibid.) argues that the extension of these lines outside of the city facilitated the construction of new suburbs; the city grew, in part, around the transport system. It is worth noting that, as outlined in the account of disability I presented in Chapter One, disabled people were generally institutionalised at this point in time and were many decades from effective political representation. This results in an assumption that the London Underground network need not cater to disabled people, which can still be seen in many of London's older stations. Nevertheless, this enduring infrastructure, along with the city's other public transport services (i.e. buses, trams and social needs transport), offers many people genuine alternatives to car travel (which are often more popular than driving). However, much of the city's make up conforms to what Urry (2004) characterised as the system of automobility; car transport has been described as "naturalised and embedded in everyday life" (Freund and Martin, 2008, p. 228). This is not least due to the city being organised in a car-centric fashion. In areas where this car-centricity is more pronounced (i.e. Outer London), car use is greater (Transport for London, 2013).

There are two important things to note here. Firstly, the dominance of cars is the result of symbolic struggle. As motorised transport was an important policy issue in the UK (due to its economic importance), streets were designed with motor vehicles in mind. This marginalised cycling, which eventually pushed it into the realm of counter-culture rather than everyday travel (Aldred, 2012). The allure of cars as status symbols and sources of independence is also well documented, increasing their preference over the bicycle (Bohm

et al., 2006). I am using the example of cycling here but the same can be said for walking in cities (e.g. Freund and Martin, 2008). The point is that car use, through its symbolic dominance, has appropriated the urban space available to other travellers and subordinated them as a result, reducing their capacity to be mobile and increasing their exposure to danger. The dominance of automobility and popularity of public transport are not mutually exclusive – streets are still organised around the automobile despite the popularity of public transport. Now I will turn to some of the present-day contestations taking place in London, much of which are concerned with reclaiming the space claimed by the automobile.

Greater speed and efficiency are often framed by policy makers (both in transport and more broadly) as means of attracting capital and creating jobs, a notion which drives governmental bodies' investment in transport (Schwanen, 2015). Transport for London's yearly reports tend to attribute equal weight to managing and promoting economic growth and job creation with its responsibilities towards passengers and the public health (e.g. London, 2016, 2017). These endeavours are also influenced by more explicit campaigning groups. Campaigning groups vie for ascendancy and the opportunity to imprint their interests onto the transport system. The following list is a brief overview of some of these groups. I have come across many of these groups in the process of my research and can attest to their vigour in attempting to shift the objective conditions of the field.

Pedestrians' interests are represented by an organisation called Living Streets, which was initially founded as the Pedestrian's Association. Taxi (Hackney Carriage) drivers are represented by the London Taxi Drivers' Association, cyclists are represented by the London Cycling Campaign and older and disabled passengers are represented by the charity Transport for All. Specific charities like Alzheimer's UK or the RNIB do also, however, campaign on behalf of people with their respective impairment. Organisations like the Association of British Commuters represent passengers in general, and transport staff are well unionised. The Rail, Maritime and Transport Workers Union, the Transport Salaried Staffs' Association and the Association of Locomotive Engineers and Firemen have all exerted strong influence over the changes in the transport system over recent years. My attempts to recruit tube station staff were somewhat problematised by the apparent poor relations between London Underground management and unionised staff members, in part due to efforts to reduce the number of staff in the system.

Lastly, it is important not to underplay the role of private and business interests in the shaping of the field. The privatisation of public spaces in London has become an increasing concern of activists, journalists and social scientists (Imrie and Lees, 2014). Regeneration efforts have also been private-sector driven which, when concerning large housing developments, often results in substantial areas of the built environment being redesigned by private companies and taken into their ownership (Lupton and Tunstall, 2008). Transport for London have additionally highlighted the role that large-scale construction, much of which is privately driven, has played in slowing the flow of traffic around the city (London, 2017).

Bourdieu's field theory is so useful for understanding mobility in London because the city contains limited space for movement and for supporting different groups' movement. Each intervention to improve the standing of one group entails an effect on another group. For example, the introduction of segregated cycle lanes can cause problems for visually impaired passengers where they bypass bus stops. As the segregated cycle lane must be positioned between the bus lane and the pavement, when the bus pulls in at a stop the cyclists must be directed out of the bus's way. This is done by placing the bus stop in between the cycle lane and the bus lane - to reach the pavement from the bus stop you must cross the cycle lane. This is problematic for visually impaired people, as well as people with mobility impairments who feel more vulnerable in the face of fast-paced cyclists. Motorists are often equally angered by the reduction in road width caused by cycle lanes. In short, the success cyclists have had in overcoming some of their subordination has in turn somewhat diminished the standing of motorists and people with visual or mobility impairments.

Although it is by no means absolute, the new Mayor's Transport Strategy demonstrates the success that cyclists, pedestrians, disabled and older people have had in promoting their standing in the field (Mayor of London, 2018). This is of course just a reflection of their success in influencing public policy, and is not a reflection of true symbolic dominance, although car use has certainly been diminished. It is also worth noting that this process predates the current Mayor; the Congestion Charge and investment in the bus network implemented in recent decades are also evidence of this shift. Older and disabled people do seem to have their own influence, of course. The recent focus on accessibility and inclusiveness can be taken as evidence of this (as seen in Mayor of London, 2018). The main point I have tried to make here is the complexity and nuance visible in these competing influences and the relationality of mobility in the city.

2.5 Summary

This chapter has expanded upon my explanation of the issues which prompted my choice of topic. I did this by outlining the theoretical framework I used to advance my analysis of older disabled Londoners' mobility, which laid the ground for the empirical investigations I undertook. As I suggested above, there were indications that structural factors could bear heavily upon the phenomena explored in the study. My conceptual approach developed in tandem with two things. Firstly, my review of the pre-existing literature on age-friendly cities, disability, and the relationship between transport and health. Secondly, my preliminary analysis of the London Travel Demand survey, which I present in Chapter Four, the results of which suggested the importance of these structural factors.

My operationalisation of the relational model of disability and Bourdieu's sociology are thus a means of incorporating the insight I derived from these two formative processes; the study's methodology needed to account for these factors without diminishing the agency of potential participants, as well as avoiding problematic structure/agency dichotomies. Moreover, considering that mobility could be difficult for older disabled people prompted my incorporation of insight from the wider mobilities paradigm; the conceptual tools this theoretical tradition lends provide a framing which can be used to understand travel even while the body is sedentary. These are some of the points that guided me in my interrogation of older disabled Londoners' mobility. In the following chapter, I will present the specific questions which operationalised these constructs, before briefly explaining how I have complemented this framework with a greater sensitivity to the emotional dimensions of mobility, impairment, and chronic illness. After this, I go on to describe the methods employed, along with the process of data generation and analysis.

3 Methodology

3.1 Research questions

As I began to develop my ideas on how best to contribute to sociological understandings of ageing and mobility, I developed several questions which drove my continuing exploration of the topic. These questions influenced the research design, in particular my methodological approach, which drew on both quantitative and ethnographic methods.

The questions are as follows:

1. What do we know from available data about who travels more or less outside of the home in London?
2. How is the mobility of older disabled Londoners constituted, both symbolically and materially?
3. How do older disabled Londoners manage the challenges they encounter while travelling?
4. How, in light of these challenges, does older disabled Londoners' mobility interact with their wellbeing?

From reviewing the literature on ageing and disability, there were reasons to suspect that material and social factors can shape the mobility of different groups in London (in terms of extent as well as the experiences involved). This necessitated some broader analysis of how different individual characteristics affect people's mobility. For example, although it seemed likely that being older or being disabled could result in some negative encounters with aspects of the built environment, it was not clear whether this would result in a lower propensity to travel; these negative encounters may just translate into withstanding greater difficulty during mobility, for example. The first research question refers to this uncertainty and was operationalised through the first methodological approach I took in this thesis; quantitative analysis of secondary travel diary data (reported in Chapter Four). This travel diary data was drawn from the London Travel Demand Survey (LTDS). The LTDS is a yearly survey collected by TfL to aid its policy-making, and the most extensive available dataset on Londoners' travel; no degree of primary data collection could have replicated its scope. Analysing the LTDS allowed me to explore the more structural or aggregate factors associated with a greater or lesser propensity to leave the house on any particular day, which I used as a broad measure of mobility. The more specific details of the methods used in my analysis of the LTDS are presented in Chapter Four. As they relate closely to the

decisions I made in constructing the model and managing the data, these factors and the methods I employed are most appropriately considered in closer sequence.

Moving on from this, I formulated questions two, three, and four to guide me in my investigation of the more situated dimensions of older disabled Londoners' mobility. These questions prompted use of ethnographic techniques, the second major methodological approach I employ in this thesis, and are addressed in Chapters Five, Six, Seven, and Eight. The second research question has two dimensions; symbolic and material. The former refers to the meanings older disabled people ascribe to their mobility. For example, what leaving the house or appearing in public symbolises. The latter, the material constitution of their mobility, refers to the resources and networks of relations which support their mobility. For example, the forms of knowledge which make apparent the possibilities for travel and the social relations which can help, or hinder, their movement through the city.

I addressed the third question by looking more closely at how salient resources are related to problematic encounters between impaired bodies and urban environments. How these encounters can be negotiated, for example, or if they must be avoided completely in some circumstances. Exploring this question also involved scrutinizing the practices involved in mobility and how they were disrupted by disability and subsequently remade. Finally, running through my overall approach has been an attentiveness to the implications for wellbeing these questions have, particularly because elements of older disabled people's mobility may involve great difficulty. The fourth research question is one I seek to answer throughout the thesis by reflecting on two rather different issues. The first is how different kinds of mobility are seen by older people as influencing their own wellbeing – the onus here is on their subjective understandings of wellbeing. The second is how the kinds of mobility that are enacted shape other practices which have been linked in research to health outcomes. These include, for instance, the ways in which mobility might enhance or constrain abilities to be physically active, or how it might mitigate or exacerbate social isolation.

These questions, because of their focus on older disabled people's understandings of mobility, their practices, and the broader material and policy context of that mobility, necessitate use of an ethnographic methodology. Not only did I need to be able to glean the meanings permeating older disabled people's mobility, I needed to be able to maintain a focus on the structural conditions influencing the data generated in the field. As I have explained, a Bourdieusian framework is well suited to doing this. I needed to make one

major addition to the toolkit he provides, however, which is an attentiveness to emotion and wellbeing.

3.2 Incorporating emotion

Bourdieu's ontology is dispassionate. Through his lexicon, a mismatch between habitus and field (which may be encountered through the onset of disability) is experienced as a 'discomfort', and an incentive to move "both socially and spatially" to alleviate this sense of discomfort (Savage et al. 2005, p. 9). Sociologists focusing on class have noted that applications of his theory have led to "a sociology of class without feeling" (Back, 2015, p. 833). Thus, when conducting a more micro-level sociology, one that is concerned with wellbeing for example, it seems important to look beyond this 'discomfort' to recognize the strength of the emotions conjured by the mismatch between habitus and field. To experience a change in health which throws your everyday practice into question can cause despair and anxiety. Likewise, feeling vulnerable whilst travelling in a way which strikes a discordance between your habitus and field can cause a great deal of stress.

Paul Rabinow (1996) highlights this flaw when he criticises Bourdieu's 'indifferent' and clinical understanding of sociology. This is especially pronounced in Bourdieu's book *The weight of the world*, where Rabinow scrutinises Bourdieu's attempts to hide his personal sentiments throughout his analysis (the book is about suffering, so it is not easy). Rabinow (1996, p. 13) summarises the problem by saying; "an ethos of logos [logic] without (an accounted for) pathos [emotion] yields virtuosity, not virtue". Later life, and disability, present a set of social phenomena which require a methodology capable of engaging with their emotionality.

Bourdieu primarily concerns himself with people's behaviour and the relations between them rather than their feelings or understandings of that behaviour. Rabinow does not specify exactly but his quote seems to suggest that pathos is both important in its own right and, by suggesting it must be at least accounted for through his use of parentheses, that pathos has some bearing on logos. Pathos, or emotion, can be understood as an important social phenomenon as well as an important causal mechanism in the social world (more specifically as something which can precipitate social action). Although emotions have important social provenance and serve strategic social functions, it would feel overzealous to consider all emotion in this light. Thus, rather than focusing solely on the 'primacy of relations' in the social world, I sought to engage with the emotionality of mobility. Not only

did this address a weakness in Bourdieu's ontology, it also allowed insight into the relationship between wellbeing and mobility in later life.

3.3 Data generation

To be adequately explored, research questions two, three and four required the generation of primary data. I produced this data using ethnographic methods. In accordance with the understandings of ethnography outlined by Schatz (2009), I focused on employing an ethnographic *sensibility* – an intention and sensitivity to gleaning the meanings that participants attribute to their social reality. To apply these principles to everyday mobility, the researcher must gain access to the contexts in which they are embedded, embodied and expressed practically. Furthermore, the methodology used must be able to acknowledge the 'multi-sensory' nature of experience (Ross *et al.*, 2009), as well as its 'fleeting' and 'tacit' dimensions, which are so crucial in the composition of social life (Back and Puwar, 2012). This was achieved through use of go-alongs, where I accompanied participants on trips they made as part of their everyday lives, providing me with as an immersive insight into their mobility as possible.

Nevertheless, the go-along does not necessarily provide a means of accessing all the contextual information attainable. Meaning is also generated through reflection, and the understandings which are provoked through mobility are not the same as those which are available at a distance. Therefore, in-depth interviews were used to supplement go-alongs. These interviews increased in importance with participants who were less mobile than others. For those who were more mobile, they became more detailed accounts of their understandings of their mobility. The narratives generated by interviews cannot be treated as the rational thought process of a "knowing consciousness" (Bourdieu, 2000, p. 142). However, if analysis is informed by this epistemology, interviews may still be used to produce valid sociological knowledge. Various forms of observation and informal data collection were used to situate and bolster the data generated through go-alongs and interviews throughout the study.

Go-alongs

Lesley Murray argues that to fully understand the social world methods must seek to capture mobile "practices, beliefs, meanings, cultures and emotions" (Murray, 2009, p. 471). To do this, I made use of the go-along. The go-along is a method where researchers and participants move together through socio-spatial environments (Kusenbach, 2003; Hein, Evans and Jones, 2008; Carpiano, 2009). This generally involves the researcher

accompanying the participant on some form of outing where they can both observe and question, to understand the experiences and practices involved in negotiating the environments inhabited during the trip (Carpiano, 2009). Go-alongs provided a means of examining the relationship between the participant and the emotional and social spaces they inhabit when mobile (Murray, 2009). As Buscher and Urry argue (2009), research methods intending to capture mobile phenomena must be 'on the move' themselves.

The go-along provided several advantages. Conducting go-alongs with older Londoners with reduced mobility allowed access to the spaces in which mobile practices and knowledge are embedded and provided greater context to the conversations which took place. Moreover, go-alongs afforded me a multi-sensory and lived understanding of the obstacles and challenges, freedoms and benefits experienced during mobility. 'Moving with' research subjects gave a more effective means of understanding the practices involved in their mobility in depth (Merriman, 2014). In line with Kusenbach's (2003) recommendation, I asked participants to take me on a regular outing of theirs, to generate a less contrived and more natural research scenario. This incorporated the spaces and places they travelled through in their day-to-day lives, however, it also excluded some circumstances from the research (most notably accompanying a participant on an encounter with a new place or somewhere they had not been to for a long time).

Go-alongs provided a useful juxtaposition with interviews, in some senses providing an opportunity to see whether accounts generated in interviews were reproduced during go-alongs (for example whether aspects of mobility described as stressful in interviews were further elucidated if we encountered them when travelling together). Although Evans and Jones (2011) argued that go-alongs reduce the danger of participants trying to appease the researcher by providing the 'right' answer, I was unable to detect this. I was, however, able to notice unconscious tactics and forms of practice employed for making mobility easier and more feasible. Go-alongs also allowed me to observe and take part in the more fleeting dimensions of social life – random encounters with acquaintances on the street for example, or spectacles which arose as we travelled together (Back and Puwar, 2012).

Four pilot go-alongs were conducted in preparation for the fieldwork to assess the viability of the go-along as a method. After testing whether audio-recording the go-along felt worthwhile, I decided against it. Using a recording device interrupted the flow of everyday conversation and managing the practicalities of recording conversations with the participant without capturing only ambient noise reduced my ability to interact and

maintain attentiveness. From there on, I wrote up go-alongs after they had taken place, making notes on my phone where it was possible without appearing rude in the participant's eyes (for example if they went to the toilet or were otherwise engaged when in a shop). Numerous go-alongs involved sitting down for a tea or coffee and chatting, in which case I asked if I could make notes in a field-diary. Once I parted ways with the participant, I would make my way to my office or home to write up the go-along in full, often making notes along the way if able to sit down while using public transport.

Go-alongs varied greatly depending on the participant – this was in part due to the range of impairments included in the study. It also represented the range in day-to-day mobility that participants engaged in, however. Some participants only travelled further than their local high streets once a month or so. Where possible, we tried to incorporate a slightly longer walk to extend the go-along, however, this was not always feasible. On two occasions where participants were unwilling to undertake a separate go-along, I accompanied them most of the way home, leaving them at their door. These two go-alongs were the shortest and only lasted twenty minutes or so, however, generally go-alongs lasted between one and two hours. The two longest lasted between three and four hours. Before arranging the go-along I emphasised that the participant would be taking the lead, and that where we went was of their choosing, so long as it was a journey they made fairly frequently.

Although go-alongs were initially intended to be the primary method employed in the study, difficulties in recruitment combined with a reluctance on many potential participants' part to participate in go-alongs meant that interviews became the primary method used. Initially I arranged to interview participants before organising a go-along because they provided a more relaxed environment in which to build rapport. However, throughout the course of fieldwork I decided that this was unnecessary, as those who seemed prepared to participate in go-alongs seemed so regardless of the order.

Nevertheless, I often found it difficult to arrange a go-along with a participant because there were only certain trips they seemed willing to allow me to tag-along for. In some cases this was strictly logistical; Dial-a-Ride only allows an individual to travel with one other person who is acting as a carer. For most participants who used it regularly this was their partner. For others, much of their travel involved attending hospital appointments and these were often more personal and more stressful trips since they needed to be sure they could get there on time. On several occasions, although this also happened with interviews, a participant would get in touch to cancel a go-along we had arranged because

they were not feeling up to it. This was mostly due to COPD or arthritis flare-ups, or if they had travelled more than usual in the run up to the go-along (for example by going Christmas shopping) then they would feel too tired to travel the next day. On some occasions I would be in touch with the participant for a month or two before they felt able to schedule a go-along or interview. Several eventually told me that they would be unable to take part in the research any time soon. Men also seemed less interested in go-alongs than women, and those I took with other men were generally shorter and involved less description of the trip as it took place.

An additional problem I encountered was attempting to focus on the participant and the ways in which they used their body to enact their mobility. Instead, when on busy streets, station platforms or buses my attention was demanded just as much by the need to manage my own body in relation to my milieu. Castrodale (2018) recently presented some similar problems he encountered when employing go-alongs in research with disabled students. Although this was unavailable at the time I was planning the research, it demonstrates that mobile methodologies can still be more perceptive to the needs of older and disabled people. However, these issues were also somewhat revealing.

The difficulty of focusing on participants' embodied movements over my own emphasised the often-overlooked skills which are being employed in seemingly innocuous circumstances on public transport. The difficulty in arranging go-alongs also demonstrates some of the turmoil and inconsistency that can be experienced due to chronic illness. The extent of impairment often fluctuates throughout later life, with older people being less mobile for periods and then regaining a greater level of mobility (Gill *et al.*, 2006). Moreover, go-alongs were often contingent on the weather being good, or for one participant with COPD there being a low pollen count. For all of these reasons, in-depth interviews were also an invaluable method during the course of the study.

In-depth interviews

While the go-along has the advantage of being embedded in everyday life and thus provides greater scope for generating embedded knowledge, the in-depth interview provides the advantage of allowing reflection from a distance. By utilising forms of both observation and interviewing I enhanced the scope for a richer and more rounded understanding of the field and thus enhanced the validity of my eventual conclusions (Becker, 1998). Given that the most 'fundamental and distinctive competencies' possessed by humans are thought to operate 'beneath the level of discourse and consciousness', this

information was not necessarily relayed explicitly in speech (Wacquant and Deyanov, 2002). Rather, it was deducible from the tacit assumptions made by the individual, which were “hinted at or left unsaid” (Nettleton and Green, 2014, p. 241).

One of the most important reasons that I chose interviews was to ensure that participants who were not able to undertake a go-along were included in the research. As such, most interviews took place in the participant’s own home for the sake of their convenience. This was their choice, as I allowed them to decide where they would rather meet. Secondly, it allowed participants and I to discuss more sensitive topics in a more private and relaxed environment. Discussing, and even witnessing, the emotional dimensions of mobility is not easy when there is a task at hand. I was able to witness some of the difficulties the participant had and the ostensible emotions they evoked, however, the more general impact and interpretation of these experiences was not necessarily accessible in situ nor in public.

All stand-alone interviews were audio-recorded. Additionally, one focus group consisting of six older women and two support workers was conducted opportunistically. This was a suggestion of the support workers, who had allowed researchers visit the group previously, and thought it would be preferable to the group members. Although I often gave this option to other groups I visited, it was not practical for them since they were generally much larger and only had one room for the duration of their sessions. The two support workers did much to help facilitate the discussion in the focus groups, drawing on their knowledge of and shared experiences with the participants to help remind them of experiences they overlooked when discussing a topic.

I was concerned on two occasions that their interjections could be verging on becoming leading questions; however, participants did not seem to respond to these prompts. This was nonetheless recorded in the transcript and accounted for during analysis. Moreover, they provided an example of some of the common tropes surrounding older people’s mobility which I also encountered elsewhere. In general, conducting this focus group in a support group strengthened the data gleaned due to the pre-existing rapport participants had and the supportive space in which it was conducted allowed people who may not otherwise have done so to contribute to the study. Many of them were generally distrustful of strangers, in part due to the notion that as people with dementia they could be taken advantage of by others.

Joint interviews were used twice with couples where one or both participants were disabled. In both cases the female partner was a full-time informal carer for the male partner. The couple's mobility was inextricably intertwined, and there were very few examples of when one would travel without the other. It was therefore natural that they would be interviewed together. Much of the negotiation or strategizing behind mobility was done collaboratively or by the partner that acted as the carer. One additional joint interview was conducted, this time when a social worker was present during an interview with a stroke survivor that had some speech aphasia. In this case the charity the participant was recruited through were concerned about fulfilling their safeguarding responsibility to him, so arranged for the social worker to be present for the interview. The social worker largely remained passive in this interview, save for adding extra detail when I was unclear about a point the participant was making.

The advantages and disadvantages of joint interviews have been covered in detail elsewhere (e.g. Allan, 1980; Sakellariou, Boniface and Brown, 2013; Polak and Green, 2016). There are just a few points which are worth covering here. In all three cases one of the participants assisted the other in communicating. However, in the two interviews involving couples this had some effect on the narratives produced by the interview. Because one partner experienced cognitive impairment, the other somewhat regulated their narrative and corrected them if they felt they were being forgetful. Since both women were the carer for the man in the interview, this added another dimension to the already acknowledged phenomenon of women being more dominant in joint interviews than their male partners (Polak and Green, 2016).

Interviews ranged from 40 to 120 minutes in length and usually lasted about an hour, depending on the participant's loquacity. Joint interviews tended to last longer simply because there were two perspectives to be produced as opposed to one. I began fieldwork with a loose topic guide containing some broad themes which became more specific, detailed and numerous as fieldwork progressed. This allowed me to leave room for participants to introduce themes into the interview without prompting, something which happened on several occasions – one or two prepared lists of grievances with public transport which allowed the meanings behind them to be explored.

The following extract, from the interview I conducted with Linda, provides an example of this. It shows how she responded once I suggested we talk about more tangible dimensions of her mobility.

Interviewer: so, let's talk about the transport that you use

Linda: ok, yes

Interviewer: so, you mentioned dial-a-ride earlier

Linda: well now I've got [she pulls out a sheet of paper she's written on]

Interviewer: have you written down a list of things?

Linda: I've written a list of things that I find difficult...um, on the erm, well I don't know whether it's the kind of thing you want to know

This extract illuminates that participants had pre-existing thoughts on the problems they faced being mobile. Although interviews generated a new account of these problems, and often appeared to explore aspects of mobility and daily life participants indicated they had not previously committed much thought to, they also involved the ostensible reproduction of previously identified issues. These issues were sometimes politicised and influenced by organisations which campaign for more accessible transport, and other times appeared the product of observation while travelling or discussion with others. Linda wrote her list of grievances and observations down; however, many others appeared to have a similar sense of certainty over some of the major issues they faced.

The topic guide included general questions about the interviewee's age, health condition and any impairments they had and whether they considered themselves to be disabled. After this, questions revolved around their daily or weekly travel, for example the transport modes they used, how long they usually travelled for and how much their travel had changed in later life. I asked about specific examples of good or bad experiences, how long they had lived in their current neighbourhood, and whether they ever travelled with friends or socialised on public transport. This guide can be seen in Appendix E. Initially, I allowed participants to take the lead and only interjected to ask for clarification or to move to another topic when necessary. Although I maintained this approach, as fieldwork continued I began to ask more specific questions derived from the themes emerging from previous interviews.

Transport staff interviews

Transport staff interviews were initially intended to generate data on some of the common narratives surrounding older people's mobility and uncover some of the tacit assumptions underlying these narratives and forms of commonly held knowledge. My initial intentions

were to include not only public facing transport staff but also people working in transport provision and policy – people involved in the provision of community transport services and people involved in more general policy making at Transport for London for example.

However, throughout the course of the research, it became clear that the interactions and relationships that older people had with bus drivers were significant dimensions of their mobility. I mean this both in terms of their ability to travel with ease and in their emotional experiences of travel. I subsequently made the decision firstly to focus solely on bus, Dial-a-Ride and Community Transport drivers, and public facing London Underground and London Overground staff (i.e. station attendants). Secondly, rather than exploring the narratives surrounding older people's mobility, I decided to focus on how they understood their role in assisting older people and the relationships, if any, they developed with older disabled passengers. This allowed me to hone in on the way independence and dependence was negotiated between the two parties during assistance-based interactions.

Recruitment was generally conducted through Transport for London and a Community Transport organisation. Potential participants were unwilling to take part outside of working hours, so interviews had to be conducted as pragmatically as possible. Table 3 displays the transport staff interviewed, their methods used in their involvement and their roles in the transport system. Of the eight formal interviews conducted with transport staff (which in total involved 11 participants), two were conducted as joint interviews; one with three bus drivers, the other with two Dial-a-Ride drivers. Both sets of participants were acquainted with one another, respectively, before the interview and had a good rapport. In many ways they seemed richer than some of the one-on-one interviews conducted because of this rapport. The interviewees generally agreed and disagreed readily, sharing common narratives and experiences and creating a greater sense of ease. Each of the joint-interviews contained one participant that was quieter than the others, which led me to intervene slightly more regularly to direct questions to them. This was not so much a response to them being talked over but rather an attempt to ensure they had the opportunity to contribute. On London Overground, I could find no staff willing to be interviewed, although some agreed to take part in the research by spending time with me more informally.

One problem which arose because of the recruitment strategy was that participants did not necessarily have anonymity. This was most pronounced for Dial-a-Ride drivers who were employed directly by TfL, thus having closer contact with the manager who facilitated the interviews as well as being part of a smaller organisation. This of course may have

influenced the data the interviews produced – my offer of anonymity was met with bemusement. In response to this I emphasised that they should not feel obliged to talk about anything they felt uncomfortable saying and offered to send them transcripts to ensure they had not said anything they regretted (they both declined).

Observation

I use the term participant observation here in the broadest sense to give recognition to the wider forms of experience which have influenced this research. Often when I visited support or community groups to recruit, my oral presentation would be followed by a discussion of the problems people in the group faced. After I left, I recorded what had happened and my interpretations of the discussion either in my field diary or in word documents when I reached my office. Later on in the research when I began to formulate my findings, I presented at some of these groups, allowing further discussion of them.

I also kept notes on the other meetings I had in association with the research. I was invited to be a member of the Alzheimer's UK London Transport Transformation Group which was an initiative by the organisation to make transport in London more dementia friendly. The initiative lasted approximately six months, with monthly meetings attended by various representatives of different transport organisations in London (e.g. various branches of TfL, Ealing Community Transport, the London Ambulance Service, the London Taxi Driver's Association, representatives of London's Local Authorities). This group was particularly informative in understanding the wider structural landscape for older people's mobility in London and facilitated some important fieldwork.

During the early stages of fieldwork, when recruitment was slow, I spent three days experimenting by taking public transport and trying to observe any older passengers that boarded. This was time consuming and not hugely productive – for long periods there would be no older people on the bus or train I took. Moreover, it raised questions over whether other older passengers that I observed were disabled, and whether it was appropriate for me to judge them from afar. However, this experience did attune me to the rhythms and atmospheres of public transport and the ways in which older people help to remake these through their presence.

Although I generally cycle everywhere in my day-to-day life, I decided to walk and take public transport when conducting fieldwork to incorporate this sensitivity during ongoing fieldwork. Buses and trains also gave the opportunity for further reflection on the things I had observed that day. It is worth noting here that I had to engage in a great deal of

reflection over the course of this research because I was born and grew up in London. As someone who has spent a lot of time travelling in London without being attentive to the tacit forms of knowledge, meaning and skill involved in participants' mobility, I was concerned that I was too much of an 'insider' to effectively scrutinise these points.

My own experiences and thoughts on travel in London were unquestionably a significant dimension of my intellectual starting point. However, they also provided a useful source of contrast which illuminated participants' understandings and practices. Although participants and I move through the same cityscapes and spaces, our bodily encounters with them diverge in many ways, and are thus imbued with and generative of wildly different meanings. My experiences also gave me common ground with participants, I was able to understand a lot of things they mentioned in passing and thus ask about them further to fully explicate the point which I would have otherwise missed. Having common experiences and an awareness of some of the places they mentioned helped to build rapport and trust during interviews, which allowed us to explore some of the more sensitive dimensions of mobility and impairment. I also employed some more formal elements of observation, however.

In lieu of conducting a go-along on Community Transport I arranged to spend a day on two Community Transport buses as they collected and dropped off various passengers. This served the purposes of both talking to drivers and passengers. I assisted the drivers when necessary, for example by helping passengers out of their houses and onto the bus, so this was in some senses participant observation. This also gave the opportunity to talk to drivers and passengers in depth.

Other examples of the observation undertaken include my attendance a training day at Catford bus garage where representatives of Alzheimer's UK were trying to increase awareness of dementia among bus drivers, my attendance at sessions of the Lewisham Positive Ageing Council and spending a day with London Overground staff members along the East London Line. These experiences allowed me to gain greater experience of the general discourses and issues surrounding mobility for older people both among policy makers and older people themselves. Although I did not conduct any official follow up interviews or go-alongs, I kept in touch with several participants via phone and email and met some others when I returned to their group or in one or two cases, met them at another event or group I was attending.

Fieldwork took place between October 2016 and February 2018. Fieldwork with older people had largely ended by November 2017. However, negotiating access to transport staff was time consuming and took several months. Over the course of the study, 18 interviews and 13 go-alongs were conducted with 25 older disabled Londoners, along with the aforementioned additional focus group. Details of these participants can be seen in Table 2. A similarly flexible approach was required when recruiting transport staff for reasons which will be covered subsequently. Eight interviews, several them joint, were conducted with members of this group, along with many more informal conversations which were just as revealing.

A note on multiple methods

Generally, when several methods, especially a mixture of qualitative and quantitative, are employed in a study, the approach is described as 'mixed methods' (Cresswell and Plano Clark, 2016). Methods are often combined for the purposes of 'triangulation' - using multiple methods to study a single phenomenon (Heale and Forbes, 2013). Many mixed methods studies are rooted in pragmatism (Pearce, 2012), with triangulation being used to attain better coverage of complex problems (Mertens and Hesse-biber, 2012). There is no shame in pragmatism; my decision to use the London Travel Demand Survey was also partially rooted in pragmatism. However, the idea that different methods can be used to capture the same phenomena rests on problematic ontological and epistemological assumptions (Blaikie, 1991). This is not necessarily true when one considers that qualitative research is grounded in a philosophy which considers data and knowledge produced *through* the process of fieldwork (rather than merely collected). Implied within the mixed methods approach is that data are out in the world, ready to be captured by research methods, rather than being generated through the process of research. This has led to (fair) accusations of positivism (Giddings, 2006).

My use of both qualitative and quantitative methods is instead rooted in a desire to generate different types of knowledge about the field of mobility in London. This is what Jennifer Mason (2006) terms 'mixing methods to ask questions about connecting parts, segments or layers of a social whole'. The quantitative analysis presented in Chapter Four provides an overview of the field of mobility in London, and the relative extent of different social groups' mobility. Much of the qualitative data presented in this thesis focuses on the more situated and specific elements of older disabled Londoners' mobility, which must be seen as a component of this 'whole. As such, I do not describe this study as mixed methods study, but rather a multiple method study.

Table 2 Older disabled participants

Participant name/pseudonym	Details provided³	Involvement in study
Avis	Stroke, arthritis	Interview, go-along
Mary	Stroke	Interview, go-along
Francis	Mild arthritis, carer for wife (not interviewed)	Interview
Florence	Dementia, arthritis	Go-along, focus group
Julie	Dementia, general mobility impairments	Focus group
Gemma		
Martha		
Grace		
Cath		
Suzie	Support worker for other focus group members	Focus group
Sarah	Support worker for other focus group members	
Jenny	Arthritis, carer for husband, Steve	Interview
Steve	Arthritis, dementia	
Annette	Arthritis, general mobility impairment	Interview, go-along
James	Stroke, diabetes	Interview, go-along
Arthur	Stroke	Interview
Trevor	Stroke	Interview
Lorraine	Arthritis, COPD	Interview
Linda	COPD	Interview
Joyce	COPD, arthritis, cardiovascular disease	Interview
Helen	Muscular dystrophy	Interview
Olivia	Arthritis	Go-along
John	Parkinson's disease	Interview
Andy	Mild arthritis, carer for husband, John	
George	Arthritis	Interview, go-along
Elcena	Chronic back pain, mobility impairment	Interview, go-along
Pamela	COPD, cardiovascular disease	Interview
Barbara	Partially sighted (white cane user)	Go-along
Jeanette	Multiple sclerosis	Interview, go-along
Dennis	Arthritis	Interview, go-along
Nancy	Arthritis	Go-along
Stella	Arthritis	Go-along

³ These details were reported by participants during interviews, go-alongs and other interactions

Table 3 Transport staff participants

Participant	Job	Involvement in study
Andy	Bus driver	Interview
Ronald	Bus driver	Interview
Marcus	Bus driver	Interview
Dean	Bus driver	Interview
Felicia	Bus driver	
Raquel	Bus driver	
Danielle	London Underground	Interview
Clement	London Overground	Interview
Natasha	Dial-a-Ride	Interview
Ian	Dial-a-Ride	
Nicola	Travel mentoring service	Interview
Thomas	Community Transport	Observation
Laura	Community Transport	Observation

3.4 Participant recruitment

Sampling

The inclusion criteria for older people taking part in the study were generated inductively. Requirements were initially left broad; if someone was over the age of 60, lived in Greater London and reported experiencing an impairment or long-term health condition then they were considered eligible. Although I did not specify that people should be living ‘independently’ (that is, not in a care home), the recruitment strategy generally only made it possible to access people living in the community. As the research progressed, I was informed by Howard Becker’s advice that researchers should seek out ‘negative evidence’ or cases which disrupt your thinking to aid the theory building process (Becker, 1998). As such, the sampling strategy employed was purposive, theoretically informed and made use of snowballing.

I was eager to include both more and less mobile participants, hence the use of both go-alongs and interviews. I made it clear to potential participants that their actual level of travel was not important, nor their type or extent of impairment. A point of concern for me was whether people would consider themselves to be disabled if they were only experiencing conditions like arthritis that they may consider to be a natural process of ageing (e.g. Heslop, 2013). I thus tried to make clear on information sheets and in oral presentations that any condition which made it difficult to travel was enough.

Sixty is a low bar to set in defining older people; there is wide span of diversity in experience and the conditions faced by a 62-year-old and a 92-year-old (this was the range

of ages included in the study). Previous research on older people's mobility has suggested that the age of 75 delineates the point where people tend to have significant problems travelling (Alsnih and Hensher, 2003). However, the threshold after which later life begins is not stable. The retirement age in the UK is continuing to rise, something which has affected the age people are entitled to Freedom Passes as well as other state benefits which contribute to mobility. Moreover, this understanding excludes people who have experienced impairment since birth or earlier on in life.

As gerontologists have argued, life is best viewed in terms of stage rather than age (e.g. Vincent, Phillipson and Downs, 2009). I encountered many people that had become disabled in their fifties or sixties due to stroke, arthritis or lung disease, and subsequently left the labour market. The conditions they faced were thus similar to those faced by those in their seventies and eighties. This similarity was reflected in the data generated by fieldwork with relatively older and younger participants. The only perceptible difference was a slightly stronger propensity to think about the future, and how to make the best of the rest of their life. Those in their eighties were also more likely to invoke things like rationing and the second world war as examples of hardship which, like disability in later life, should be met with resolve. Nevertheless, nearly all participants felt the need at least to present as if they wanted to make the best of later life.

Deciding not to focus on one form of chronic illness or impairment was a significant decision which shaped the research and was a design strength for my research questions. Rather than becoming too concerned with the particular aspects of a specific impairment, I was able to focus on the meanings which are imbued in mobility and disability in a more general sense. Furthermore, the different health problems often operate on mobility through similar mechanisms. Pain and fatigue affected almost all the study's participants – participants with arthritis experienced a similar level of impairment to participants that had experienced stroke. Furthermore, selecting one impairment would be complicated by many participants experiencing comorbidity (more than one long-term health condition).

Transport workers were sampled through an opportunistic and convenience sampling strategy. This also included some elements of theoretical sampling because I made efforts to recruit them from a range of different transport modes and ensure that they had differing levels of experience. The latter point was because of a suspicion that less experienced transport staff would have different understandings of their role in helping older disabled passengers. This influenced the types of data that fieldwork with transport

staff generated, for example focusing more on the common lines of meaning which permeated understandings of assisting older disabled passengers on transport, rather than the specificities of working on particular transport modes.

Recruitment

Recruitment for the project largely took place through organisations which work with older disabled people in London. Initially three forms of organisation were contacted. The first were third sector organisations supporting people with specific impairments – The British Lung Foundation and the Royal National Institute of Blind People for example. The second were community organisations that focused on supporting older people or providing them with a space to socialise – AgeUK, the University of the Third Age, local Pensioners Forums, churches, and so on. The third group were local authorities and housing associations, who work with disabled older people through sheltered housing projects and independent living and social care projects. Before fieldwork began I presented at TfL's Independent Disability Advisory Group, which is comprised of numerous disabled people who have professional and campaigning experience in relation to transport accessibility. They responded affirmatively to my recruitment strategy and suggested some other routes of enquiry.

I identified these three categories out of a concern that people with more limiting forms of impairment may not be reachable through the same groups that people with less limiting impairments use. However, this did not seem to be the case - the groups that I attended tended to be relatively diverse, and I did not have problems recruiting less mobile participants. Local authorities and housing associations turned out to be unproductive lines of recruitment. One of the major problems encountered with recruitment was the difficulty in reaching older people themselves. Numerous organisations passed on information about the research to their group members, however, this was largely unproductive. The majority of the contacts I was able to make in local authorities did not directly work with older people and once information of the project began to get passed on to different people I lost my ability to chase it up.

Many charities do not have clear and consistent linkage between their national campaigning bodies and their local, more service and support orientated, community-based groups. Most of these local groups rely on personal relationships with general practitioners, local authority staff and other services to engage older people so they are not always easy to contact without being referred by a mutual contact. Most local AgeUK branches for example dedicated their phonelines to providing support and information to

older people – calling them only puts you in touch with a less senior member of staff who cannot make the decision to allow a researcher to attend the any of their groups.

I contacted community and support groups by email and telephone, chasing them up if they took a long time to respond. If any said it would not be possible to attend I emailed or dropped off information sheets which they made available to the older people they worked with. Several organisations put information on the research in their monthly newsletters as well as their email mailing lists. Oral presentations were the most successful means of recruiting people to the research, giving me more of an opportunity to present it in a less formal manner and describe why I thought the research was important.

After I presented at the group and participated in the ensuing discussion I would collect interested people's contact information, and on two occasions was invited to another group which someone there attended. I decided against trying to recruit through social media – although this is in part due to selection bias none of the study's eventual participants used anything other than Facebook, which is more difficult to reach a 'public' audience through. I had additional concerns about the level of trust which can be built through social media and decided that initial face-to-face contact would be more productive.

Regarding transport staff, bus drivers were recruited through a gatekeeper at TfL. They arranged for me to visit two bus garages and interview two or three drivers at each, putting me in touch with the garage managers. I am almost certain that he arranged with the garage managers for me to speak to drivers he knew to be excellent at helping older and disabled passengers. At the second garage, which was operated by a multinational transport service company, the three drivers interviewed had been publicly recognised for the standard of assistance they provided passengers with. At the first garage, the second driver I had arranged to meet had called in sick on the day I attended, and I was given more freedom to speak to people in the canteen and break room. This allowed me to recruit drivers on my own if they were prepared to give up some of their break time. Dial-a-Ride staff were also recruited through a different gatekeeper at TfL, with a third being used to arrange for me to spend a day on the London Overground East London Line talking to staff members. I was unable to arrange fieldwork through staff members at London Underground.

To try and mitigate the selection bias which may have resulted from recruiting through TfL and the companies they contract to deliver transport services for them I made extensive

attempts to recruit transport staff through trade unions. I contacted both the central organisation and local London branches of Unite, the Transport Salaried Staffs' Association (TWWA), and the National Union of Rail, Maritime and Transport Workers (RMT). Despite my efforts I was only able to recruit one London Underground station customer service assistant through this.

The iterative process

Fieldwork was conducted concurrently with analysis of the data it produced (Charmaz, 2006). As research progressed, I sought out participants experiencing different types of impairment, for example deciding to no longer recruit people who had experienced a stroke and instead focusing on those with conditions like COPD and arthritis. To develop my theories and understandings, I wanted to ensure that emergent themes were not specific to particular health conditions and seek out data which either confirmed or disproved that particular codes I had developed were specific to specific health conditions. The concern over the vulnerability to manipulation and crime people with dementia expressed over travelling alone are an example – was this specific to people with dementia or did people with arthritis share these concerns?

This desire to embrace negative evidence and different motivated me to try to attain as diverse a sample as possible. London is a diverse city where different social groups are able to live starkly different lives. The evidence presented in Chapter Four suggests that age, gender, ethnicity and income all influence mobility in some way. These efforts to ensure diversity contributed to the arguments presented in Chapter Four which stemmed from comparisons between different participants living in under different circumstances.

There were several ways in which this was difficult, however. Firstly, I had difficulty recruiting men to the study. This is a known problem (e.g. Butera, 2006), which was exacerbated by their relatively lesser propensity to attend community support groups and seek social support (which can be found at support and community groups) (Davidson, 2012; Beach and Bamford, 2014). Only eight of the 23 older people recruited were male, and only two of the 13 go-alongs conducted were with men. Although I would have liked to recruit more men, I decided this was sufficient enough to be indicative of any gendered differences.

Secondly, I made significant efforts to recruit more people from black and minority ethnic groups (through contacting specialist community groups and so forth). On top of the indications in Chapter Four that ethnicity was associated with differing levels of mobility, I

suspected that it may also be associated with differing extents of familial (spatial) dispersion. These efforts were not for the purposes of making comparisons between different ethnic groups, but rather to ensure I could acknowledge any of these differences which may otherwise have gone unnoticed. Eight older participants were of African or Caribbean descent, and the rest were White British or Irish. Despite my efforts I was unable to recruit any older disabled people of other ethnic origins.

Generally, I found recruiting participants for the study was difficult. The reasons were similar to some of the difficulties faced by other researchers in trying to recruit people who are more focused on coping with the disruptions and burdens posed by chronic illness, impairment and ageing. One fault in my desire to ensure richness and diversity in the data generated from participants was that I could have perhaps spent more time with the participants I was able to recruit. I did not conduct any formal follow up interviews or go-alongs. However, I did speak again to some of the more 'information rich' participants, some of whom I had been in reasonably frequent contact with anyway, via phone and email. Nonetheless, the data produced by the final interviews did not seem generative of any new themes, and predominantly reinforced categories which had already been identified and analysed.

3.5 Analysis

I found that themes began to develop during fieldwork, often leading me to make note of them and pursue them in further fieldwork. I transcribed interviews soon after they were collected so that the context and setting were fresh in my mind. Transcription often felt like a stage in the analysis as themes developed during this activity. Field notes were included in interview transcripts as important context. These fieldnotes, go-along write ups and interview transcripts were all analysed together since they often spoke to and illuminated to one another.

Analysis was conducted alongside continuing fieldwork to encourage an 'intimate relationship' between theory and data (Strauss, 1987). However, this was not assumed to be a 'realist' account of what occurred during the fieldwork. Both the transcript and the resultant analysis and textual manifestation are representations and reconstructions of the social phenomena explored in fieldwork (Coffey and Atkinson, 1996). I thus tried to order my data in a way which preserved the context in which meanings and emotions were constructed and expressed. This was in part negotiated through the length of time since the fieldwork took place – conducting analysis soon after the data was generated seemed

to preserve important context but returning to the analysis after a longer period seemed helpful in being more attuned to ‘the social’ as the focus of analysis (rather than the individual).

Analysis was conducted thematically, with patterns of meaning being identified across the dataset (Nowell *et al.*, 2017). Initial open coding was conducted line-by-line to begin to disrupt the cohesiveness of the data, allowing greater focus on the patterns within it. These themes were developed using constant comparison, for example by looking at what the participant gained through embracing specific meanings in relation to others and what the contextual factors relating to this were. Some of this work was done through writing theoretical memos, which provided a useful means of seeing how relationships in the data could be abstracted (Charmaz, 2006).

These memos could then be followed up in further fieldwork, which also allowed me to investigate gaps in my understandings. Due to the ebbs and flows of recruitment, this iterative process was not a constant and steady process – some periods of fieldwork were characterised by a greater focus on analysis, and others a greater focus on continuing data collection. Analysis was conducted using the NVivo software package, which was supplemented on paper, for example by mapping out the connections between themes and conducting initial line-by-line coding.

There are numerous ways to analyse qualitative data. There is a broad consensus in the social sciences that interview transcripts should not uncritically be taken as evidence of someone’s behaviour outside of the interview. This has become especially pronounced with the advent of practice theories, which not only consider data from interviews to be unreflective of agent’s *actual* behaviour, but also consider the reasons behind their behaviour to be largely obscured from their consciousness (e.g. Bourdieu, 1977b; Nicolini, 2012). As Lambert and McKevitt have argued, poorer quality research often fails to distinguish between “normative statements (what people say should be the case), narrative reconstructions (biographically specific reinterpretation of what has happened in the past) and actual practices (what really happens)” (Lambert and McKevitt, 2002). They go on to identify the root of this problem (in relation to health research at least) as a ‘misguided separation’ of theory from method, arguing that interview data must be situated in the broader context of the interviewee’s life.

I have used the data generated by this study in two ways. First, I have used them to understand the meanings held by participants and produced in everyday life (and everyday

mobility). Second, I have also employed some data as trustworthy accounts of the ways in which older disabled people respond to these challenges. Although this can potentially be problematic, if done with enough care and synergy between theory and analysis, it can be fruitful. I would now like to provide the theoretical grounding for this analysis.

First, this analysis was conducted with a great deal of comparison to the rest of the interview, any relevant go-alongs, the knowledge of the participant I gained from more informal interaction and the knowledge I gained from the research as a whole – the ways in which participants tried to meet normative expectations and reproduced normative assumptions, for example. Much of the theorising about whether interview accounts can be trustworthy has emerged in relation to practice theory, in part because of the centrality of non-reflexivity to these understandings of human action. These are worth noting here.

Nettleton and Green (2014) argue that by treating interview data carefully, looking beyond the narrative to consider the tacit assumptions and conditions which structure the individual's account, valuable data about practice can be gleaned from interviews.

Bourdieu's notion of 'practical reflection' also provides reason to believe that people can relay some valid information about their behaviour. Practical reflection refers to the 'presence of mind' possessed by an agent whilst they perform practices, giving them the ability to evaluate their actions and correct imperfections in their execution of said actions (Bourdieu, 2000, p. 162). He provides the examples of *parvenus* and *déclassés* (upwardly and downwardly socially mobile people, respectively) as situations where people are likely to have a greater consciousness of their practice. This is because they are forced to "keep watch on themselves and consciously correct the 'first movements' of a habitus that generates inappropriate or misplaced behaviours" (Bourdieu, 2000, p. 163).

The differences between social classes are not analogous to the differences between disabled and non-disabled people. However, there are similarities in the experience of change. Later life is a period where you undergo bodily changes, your economic resources may dwindle, and your mobility practices will likely change. You may require greater courtesies from other passengers, you may second guess your ability to repeat the exertions of trips you have always made, and you may be concerned with how you appear to others in public – whether you appear deserving of priority seating on the bus, or you appear in need of help that you do not wish to receive. And disablism and ageism are prevalent, both structurally and interpersonally.

Where practical reflection is a component of one's practice throughout normal circumstances, disability researchers have suggested that a sudden disablement may 'rupture' the habitus, or catapult previously unconscious practices into the realm of explicit thought (Edwards and Imrie, 2003). Doxa (taken for granted knowledge) is considered to be most extensive and secure in situations where objective structures are most secure (Bourdieu, 1977b, pp. 165–6). Therefore, it follows that more profound changes to the body, and the structures in which the body operates, may engender a more profound sense of awareness.

Mike Bury (1982, p. 178) describes the onset and development of rheumatoid arthritis (a case study in disability) as a "particular kind of disruptive experience". He argues that one of the major factors affected by this disruption are "taken-for-granted assumptions and behaviours" (Bury, 1982, p. 169). Rheumatoid arthritis is not a condition commonly characterised by a sudden and disabling onset. Its progression is typically gradual, but also entails flair-ups and episodes of more acute disability or illness (as well as periods where symptoms are absent). Although his research was not conducted through a Bourdieusian lens, the parallels are clear – less sudden onsets of illness and disability also engender a more conscious and reflective practitioner.

Two more points are worth noting here. Firstly, Bourdieu's insistence that the researcher can garner privileged insight into the social reality of individuals can be somewhat problematic. There are limits to how much a young non-disabled researcher can understand disability in later life, just as there are limits to how much a male researcher can understand female experiences of gender. Secondly, Bourdieu's dispassion leads him into a place where all social action is strategic; forms of value and capital are inherently accumulated through action. Bev Skeggs (2004) has criticised him on this point, arguing that culture is not reducible to forms of exchange-value (capitals). She suggests that affect and emotions may be seen as forms of use-value which are not employed strategically. This is another area where the researcher must have more trust in the researched. Through triangulating interview data with other forms of data generated by the interview and maintaining a fidelity with theory throughout analysis, I was able to reveal some of the underlying mechanisms which influence their ability to manage the challenges they face.

3.6 Ethics

Ethical dilemmas are part of the everyday practice of conducting research, and it has been argued that the importance of the discretion and judgement of the researcher is often

overlooked in favour of procedural ethics (Guillemin and Gillam, 2004). There were occasions when the procedural ethics application I obtained felt ill-fitted to my experiences during fieldwork. For example, some of the most sensitive data generated through the study stemmed from witnessing the vulnerability of an older woman using the bus in public when I was spending a day trying to observe older disabled people on public transport. Ethics committees do not require informed consent to be asked from people in the public sphere who may be observed by a researcher; this type of data generation felt comparatively less regulated. Nevertheless, I took the ESRC's guidance that research should be conducted "openly and without deception" as the principle with which to manage encounters with people in groups or settings where informed consent could not be practically sought (ESRC, 2015). In the above example this was not possible, however, for my attendance at bus garages and other meetings I made clear I was a researcher and was almost always satisfied that people understood that what they told me was part of my research.

Informed consent

The notion of informed consent has previously been a topic of contestation in the social sciences. The criticism most relevant here is an attack on its ability to "contain what are often, in reality, complex social worlds and research encounters which do not fit neatly into boxes which can be ticked" (Miller and Boulton, 2007). This chimes with the problem of gaining consent from people who contributed to the study in some way, by conversing with me or taking part in debates at support groups, but who did not sign a consent form. Generally, regarding these matters I used my judgement and discretion to decide whether something was too intrusive on someone's privacy or not. On one occasion I decided to omit a point which one member of a group brought up about another since I was unsure whether it had been shared in confidence or not, for example.

Written informed consent was gained from everyone that participated in go-alongs and interviews. Potential participants were given an information sheet when they initially agreed to take part in the study (prior to arranging a date for a go-along or interview) so that they had time to read and understand it. This sheet contained details of the project, what their participation involved, what would happen to the data they produced and how they could withdraw if they changed their minds. This document changed upon the request of the King's ethics committee – both are displayed in Appendix F.

Before interviews and go-alongs participants were told they could stop at any time and withdraw from the study if they so wished, as well as stipulate that things they said should not be included in the study. I also ensured they knew they were not obligated to talk about anything they did not wish to. Although I had initial concerns about achieving informed consent with potential participants that experienced mild cognitive impairment, I did not encounter anyone who I felt had difficulty in understanding what the research involved and what participation entailed. The participants who could have potentially had a problem with this were always accompanied by a carer or support worker who were able to help them become informed if they were unsure of something.

Participants were offered the option of being anonymous or identifiable. For some it was reaffirming of their identity as a socially engaged older disabled person to be able to contribute to a research project and voice their opinions on poor transport accessibility. Anonymising them would thus have been marginalising. Those who chose anonymity were assigned a code which was attached to all of their data and replaced by a pseudonym when written up. An additional concern is the burden the research can place on participants. There were times where it did not feel ethical to continue to encourage someone to take part in the research and I made sure that they did not feel as if I was hassling them (by explicitly asking if that was the case – they did not think so). However, on two or three occasions it felt as though disengaging was the right thing to do as they were under emotional strain due to their own or their partner's health condition.

Ethics approval for this study was gained from the London School of Hygiene and Tropical Medicine ethics committee (reference: 11728). After transferring to King's in 2017, I sought and was granted ethical approval from the King's College Ethics committee (reference: CREC/17/18-02).

Participant safety and wellbeing

Before commencing fieldwork, I attended a training course run by Disability Rights UK called 'Disability confidence for all' which gave a general overview of the appropriate ways to approach and assist disabled people (if at all) and the legislation and issues surrounding disability in the UK. When it appeared necessary I asked the participant how we should manage travelling together, although this was often unnecessary as they were aware that they would be taking the lead and I would follow.

On go-alongs or interviews where I met the interviewee in a neutral place I ensured I had enough money for a cab to take them home if they somehow became too fatigued or

pushed themselves further than they normally would on my behalf. Castrodale (2018) questioned the ethics of exposing participants to oppressive barriers and environmental features while on go-alongs. However, as I allowed participants to lead go-alongs and stuck to trips they made anyway, this concern was less relevant. Finally, I endeavoured to remain perceptive to a participant's emotional state during interviews, asking them if they wanted to stop if they appeared increasingly upset and being mindful of how they would find any difficult questions I asked.

3.7 Reflexivity and positionality

Awareness of one's positionality, and a broadly reflexive disposition, have long been recognised as integral components of research (Bourdieu and Wacquant, 1992; Finlay, 2002; Bourke, 2014). Bourdieu's emphasis on the importance of reflexivity as a fundamental part of the research process is also well-known (Bourdieu and Wacquant, 1992). I have generally tried to cover the most notable ways in which my social position influenced the data generated during fieldwork and the ways in which that data was analysed, alongside my discussion of the relevant topics and examples. However, it seems prudent to include a discussion here which covers two important points. The first is an acknowledgement of my own social position and the dispositions and orientations it is accompanied by. The second is a brief description of some of the ways in which I believe my positionality has influenced various aspects of this study, to better equip the reader in their interpretation of the arguments presented in this thesis.

I approached this study imbued with a set of intellectual and interpersonal dispositions stemming from my background and identity as a white, middle class, non-disabled male, born and raised in London, and educated in several social science departments. This influenced the type of participant I was able to recruit. Most explicitly, it made recruiting non-English speaking older people more difficult, and I believe some of the difficulties I had recruiting South Asian participants is down to my middle class whiteness. I also believe that several participants volunteered because they saw me as an opportunity for stimulating intellectual discussion; as a PhD student and researcher I am ostensibly an 'intellectual', which seemed appealing to other more educated and middle class older people.

My positionality also gave me a complex combination of 'insider' and 'outsider' forms of knowledge and positions which were contingent upon the participant and wider context of our interactions. I have a significant degree of experience travelling in London and am identifiable to others as a Londoner; this aided in building rapport with participants and

comprehending some of the assumed knowledge in their movements and accounts. However, my experience of mobility in London is framed in my social position; older, disabled Londoners from different social positions experience mobility in a different way.

Other aspects of my positionality are important to note in relation to interviews and how participants presented themselves when interacting with me. For example, that I was from a university was potentially a motivating factor for participants to discuss with me the forms of travel which can be achieved through intellectual pursuits like reading and appreciating art. Having a relationship with TfL – for whom the findings of this study are intended to contribute to policy making – meant that participants felt that their involvement in the research could have some tangible impact on the conditions in which they travel (at some point in the future). This also meant that I was able to recruit transport staff through TfL itself, being referred to relevant parts of the organisation by more senior contacts I had. In turn, this positioned me alongside the managers of some of the staff I interviewed, which undoubtedly influenced their willingness to answer questions in ways which may be negatively interpreted.

Being male allowed me to discuss some of the dimensions of non-corporeal travel described in Chapter Four by prompting a participant to use video games as a tool to represent their productivity and utility – a prominent dimension of masculinity (Flurey *et al.*, 2018). Conversely, I did not feel particularly well-equipped to interrogate some of the more nuanced dimensions of gender and femininity in later life; there were opportunities to seek more extensive discussion of the gendered dimensions of mobility I chose not to follow, for example. On top of simply being male, being a younger man who plays video games also seemingly led the participant to feel more comfortable in sharing their experiences with video games with me. When conducting analysis, my knowledge of video games contributed to my interest in the possibility that they can be viewed of as a form of travel, which contributed to the development of this theme in the study. A final point worth noting is that my interest in the interpersonal negotiation of independence, presented in Chapter Eight, was partially prompted by my own anxieties about respecting the autonomy and independence of participants. As a younger and non-disabled person, I was conscious that there may be a need to assist participants at times, and that this would need to be balanced with a respect for their independence. Observing how this negotiation took place among others seemed a natural progression from this standpoint.

Attaining a comprehensive awareness of one's own positionality, biases and subconscious dispositions is, of course, near impossible. What I have tried to do in this section is locate some of the more concrete examples of how my positionality has helped to produce the research presented in this thesis. This will, I hope, provide the reader with a better understanding of how I can be located within the findings presented here, and how they can be appropriately appraised.

3.8 Summary

In this chapter I have explained the methodology employed to answer my research questions, the methods used to generate data and how potential participants were identified and recruited. I then discussed the way data were analysed, the iterations between data analysis and data generation, the ethical dilemmas which were anticipated or arose over the course of field work before finally discussing my positionality in relation to the topic of study. This methodological approach allowed me to generate insight into the mobility of older disabled people in London which was contextualised by my theoretical framework. The next four chapters detail the empirical and theoretical contributions generated through the deployment of the methods and concepts I have explained in this chapter. The first stage of this is providing a broader overview of the factors influencing Londoners' propensity to travel outside of the home on any given day. Through this analysis I will, by analysing travel diary data, situate ageing and disability alongside other characteristics which influence mobility. This provides a firm basis from which to embark on a deeper analysis of the experiences of older disabled people in being mobile in London.

4 Non-travel: An analysis of the factors associated with increased propensity to stay at home

4.1 Introduction

Background

This chapter⁴ will provide a basis for the investigation into ageing and impairment which is presented in the rest of the thesis. It explores one indicator of lack of mobility: not leaving the home on a particular day, which is termed 'non-travel'. Although staying at home for one day is not in itself problematic, by taking a broader view of the different attributes which are associated with propensity to leave the house on a given day, we can get an overall idea of the aggregate levels of mobility different groups have. As mobility is important for health and wellbeing, it is important to understand the factors which influence propensity to be mobile. Through this analysis, it is possible to compare the impact ageing, disability and impairment, retirement, and other factors have on an individual's propensity to be mobile. It is hypothesised that ability of older people to use different types of transportation and be more or less socially included will differ according to their sociodemographic characteristics and will thus influence how mobile (and potentially how healthy) they are. This chapter contributes to our understanding of mobility in an urban context by identifying which factors might be associated with 'non-travel' in London.

The London Travel Demand Survey

Perhaps the most detailed publicly available source of information on Londoners' transport habits is the London Travel Demand Survey (LTDS). The LTDS is an annual survey, organised by Transport for London (TfL), which captures information about the travel behaviour of Londoners. The LTDS contains a substantial amount of demographic and social information about its respondents, in addition to their travel on the survey day. Collecting data on only one day's travel limits the scope of the survey. However, it does much to improve the validity of the survey. This will be discussed in greater depth later in the chapter. What is important to note is the survey's utility in providing an aggregate overview of one measure

⁴ A version of which has been published in the Journal of Transport and Health. See (Corran *et al.*, 2018).

of mobility. As such, it provides a good starting point for an investigation into the mobility of older adults with impairment in the city.

Although its primary purpose is to aid TfL's strategizing and planning, the LTDS, and its predecessor the London Area Travel Survey (LATS), have been used in academic research several times. Most recently it has been used in public health to analyse general physical activity levels (Fairnie, Wilby and Saunders, 2016). More specifically, it has contributed insight into levels of walking and cycling in the capital (Green *et al.*, 2010; Steinbach *et al.*, 2011; Steinbach, Green and Edwards, 2012), as well as the efficacy of bus subsidies for young people in the capital (Green *et al.*, 2014). A second stream of research, predominantly using the LATS, focuses more on older people, and their transport needs.

Schmocker *et al.* (2005) used the LATS to show that older people take fewer trips as they age and become more impaired. Secondly, they also show that older disabled people are less likely to use public transport and more likely to use taxis than non-disabled older people (Schmocker *et al.*, 2008). Su (2007), expanding upon the analysis of the LATS presented in their PhD thesis, has published a number of articles on the travel of older Londoners. The first of these looks at the shopping trips they take, finding that older people prefer less complex shopping trips, are less likely to walk or drive in central London and are less likely to use public transport if they are more affluent (Su and Bell, 2009). Additional analysis found that older women made more complex shopping trips than older men, for example by making more stops along the way (Su and Bell, 2012).

The LTDS has proved to be a rich resource for understanding travel behaviour. This chapter will build on these analyses by looking at a more fundamental aspect of mobility; whether an individual leaves the house at all. TfL provided a very brief descriptive analysis of this phenomenon in their supplementary report on the LTDS, describing it as 'non-travel' (Transport for London, 2011). This is the term I will continue to use to describe the phenomenon.

By combining the survey waves from 2005/06 to 2015/16 I was able to create a sample large enough to control for a wide range of social and demographic factors without sacrificing robustness and statistical significance. This allows an analysis of the factors which influence propensity to non-travel independent of other variables. Thus, the analysis will quantify the effect different social and demographic factors have on an individual's propensity to leave the house. For example, Schmocker *et al.* (2005) suggested that older disabled Londoners take fewer trips per day than average. How much of this decreased

propensity to be mobile is due to disability, and how much is due to age? This chapter will provide an answer to this question, and place increasing age and impairment alongside other pertinent factors.

4.2 Methods

Data source

The LTDS is conducted on a rolling basis and is administered by trained interviewers. The annual sample is around 8,000 households, which are stratified to yield 250 households for each of the 32 London boroughs and the City of London. This amounts to approximately twelve or thirteen thousand Londoners per year. Data is collected about the household, each individual in the household over the age of 5, and the trips they respectively made on the survey day.

To maximise sample size, LTDS waves from 2005 to 2015 were combined⁵. Cases with missing data for any variable in the model were excluded from the analysis. Respondents under the age of 18 were also excluded since the analysis focuses on ageing. Respondents who had only travelled in a professional capacity were also excluded from the analysis (154 cases). As the survey is collected so that TfL can understand Londoners' 'personal travel', respondents in some occupations where travel is an integral part of the job (e.g. taxi driver, ambulance driver, cycle courier) were instructed not to include these trips in their answers. There was thus a group who had non-travelled in a 'personal' sense but had actually been engaged in professional travel on the survey day. They were given the opportunity to indicate this in a question which asked why they had not travelled. All participants that indicated that their travel had been made 'in the course of work' (a suggested answer) were excluded from the analysis. One additional respondent was excluded from the analysis because of an assumed administrative error: the respondent reported non-travelling yet recorded trips in their travel diary. This left a sample of 123,408 respondents.

Outcome variable; non-travel

The dependent binary variable 'non-travel' was created by assigning a value of one to all respondents who did not leave the house (did not travel) on a particular day, even for a short walking trip. All respondents who reported leaving the house were assigned a value of zero. The LTDS includes respondents who were 'absent' on the travel day. These are

⁵ It is worth noting here that the sample size from the 2005/06 survey is smaller than later years. Since it was the first time the LTDS was collected in its current form (as a rolling survey), it was trialled on a smaller scale.

respondents who were outside of the area covered by the survey on the recorded day, either by travelling outside of it on the day itself or remaining outside of it from a previous trip. Since these people were away from their homes for the survey day, our analysis included them as having travelled.

Sociodemographic variables

In the LTDS respondents self-select ethnicity from UK 2001 Census categories. For this analysis, ethnicity was collated into seven categories ('White British', 'White Other', 'Mixed Heritage', 'Indian', 'Pakistani and Bangladeshi', 'Black African/Caribbean/British', and 'Other Ethnic Background'). Household income, recorded in ten categories, was recoded into quartiles for this analysis: '<£14,999', '£15,000-£24,999', '£25,000-£49,999' and '£50,000+'. Since my focus was on later life, respondents under the age of 18 were excluded from the analysis. Age was then split into five categories: 18-49, 50-59, 60-69, 70-79, and 80+ to approximate different stages in the life course, and distinguish between the 'young' and 'old' old (Alsnih and Hensher, 2003).

Employment status was recoded into seven categories: 'full-time employed', 'part-time employed', 'self-employed', 'in education', 'unemployed/unable to work', 'retired', and 'other economically inactive'. Household composition was measured using a variable with five categories: 'couple with children', 'couple without children', 'lone parent', 'single adult' and 'other'. This was created from a six-category variable in the dataset which additionally contained a category called 'single pensioner' which was incorporated into the 'single adult' category to avoid collinearity with age variables.

I constructed a single binary variable 'Disability' (yes/no) from whether a respondent answered 'yes' to having a disability or long-term health condition affecting their daily activities or ability to travel and get about. In this thesis I have generally described chronic illness and physical or psychological limitation as impairment. However, in this chapter I have used the term disability here to maintain consistency with the option respondents selected in the survey and its representation.

Transport related variables

This analysis included two car-related variables: whether the household owned or had access to a car, and whether the individual held a driving licence. Responses to questions on different types of driving licence (car, motorcycle, minibus etc.) were combined into one binary measure (has/does not have a driving licence). To capture access to public transport, I included receipt of travel concessions, and whether residence was in Inner or

Outer London. Inner London has a population density over twice as high as Outer London (London Data Store, 2014), and (in general) higher transport connectivity (Mayor of London, 2014).

Analysis

The LTDS contains person level survey weights, which were used to ensure that the sample was representative of the wider London population. These weights make the survey representative for each year by using data derived from the Census and mid-year Greater London Authority population estimates (Fairnie, Wilby and Saunders, 2016). Analyses allowed for the stratification of the sample by London borough.

I used logistic regression to model the association between ‘non-travel’ and socio-demographic and transport related characteristics. Logistic regression was the obvious choice as it is designed for use with binary or dichotomous dependent variables (Pampel, 2000). The model included all independent variables available in the LTDS that were, on the basis of existing literature, assumed a priori to potentially have an association with ‘non-travel’ (or travel in general). These variables were then tabulated with the dependent variable to assess whether any relationship was present in the data. This can be seen in Table 4, where the proportion of non-travellers in each explanatory variable is presented. The model included individual terms for year, month and day of the week to account for fluctuations in ‘non-travel’ rates over time, and avoid specification error (Menard, 2002).

Small or sparse sample bias has been observed as a problem in logistic regression analyses (Greenland, 2000; Greenland, Mansournia and Altman, 2016). This bias occurs when the data does not have adequate case numbers in certain combinations of the dependent and independent variables, and often goes unnoticed in larger datasets. Furthermore, the Wald test – a measure of statistical significance more suited to logistic regression than chi square – performs poorly with small sample sizes (Væth, 1985). Simulations have suggested that at least ten cases per variable is required for logistic regression (Peduzzi *et al.*, 1996). Table 4 and Table 5 demonstrate that this sample easily matches that.

All variables were entered into the model in a single step, rather than using a stepwise method. In stepwise methods, the risk of the statistical program relying on ‘chance features’ of the dataset, and thus achieving conclusions that cannot be reproduced with other data, is heightened (Judd and McClelland, 1989). Any stepwise form of selection based on Wald tests or other statistical measures would thus undermine the theoretical basis for the variable’s inclusion. To further explore the relationship between age and ‘non-

travel,' sensitivity analyses examined interaction effects between age and disability, household structure, travel concessions and location. I assessed the joint significance of the interaction effects between age and all chosen variables using Wald tests, a means of testing whether the interaction terms created a statistically significant improvement in the fit of the model.

The aims of this analysis did not necessitate an assessment of the model's fit, since they were to explore the *relative* importance of different variables in predicting non-travel. Nevertheless, a Hosmer-Lemeshow test was conducted for the sake of thoroughness. There are numerous ways to measure goodness of fit, none of which have been agreed upon as perfect. As the Pearson chi square statistic is inaccurate when used on binary data, the Hosmer-Lemeshow test was deemed most appropriate (Hosmer and Lemeshow, 2000). This test is not ideal and can be unpredictable depending on how cases are grouped together according to their predicted value⁶. To mitigate this issue ten groups, the most commonly used number, was used in this analysis.

⁶ The Hosmer-Lemeshow test needs to split the sample up into groups depending on the predicted probability, in this case, that each case non-travelled (based on the other characteristics the case has).

Table 4: Unweighted sample size

Variable	Characteristic	Travelled	Non-travelled
All respondents		102,919	20,489
Income	£0-£14,999	26,265	8,603
	£15,000-£24,999	17,982	3,678
	£25,000-£49,999	28,279	4,393
	£50,000+	30,393	3,815
Gender	Male	49,587	8,162
	Female	53,332	12,372
Employment status	FT Employment	44,639	4,199
	PT Employment	8,542	1,115
	Self-Employed	11,189	1,455
	In education	6,397	1,350
	Unemployed/Unable to work	6,818	2,780
	Retired	16,719	6,990
	Other economically inactive	8,665	2,600
Location	Inner London Residents	38,488	7,419
	Outer London Residents	64,431	13,070
Age	18-49	66,506	10,162
	50-59	14,548	2,500
	60-69	11,377	2,618
	70-79	7,402	2,737
	80+	3,086	2,472
Ethnicity	White British	56,025	10,419
	White Other	15,314	2,636
	Mixed Heritage	2,223	388
	Indian	7,303	1,662
	Pakistani and Bangladeshi	4,143	1,173
	Black African/Caribbean/British	10,008	2,385
	Other Ethnic Background	7,903	1,826
Driving licence	None	32,703	10,993
	Holds one or more	70,216	9,496
Has a disability	No	94,331	15,000
	Yes	8,478	5,454
Receives travel concessions	No	83,179	14,149
	Yes	19,740	6,340
Owns or has access to a car	No	33,166	8,908
	Yes	69,753	11,581
Household structure	Couple with children	24,004	3,544
	Couple without children	36,279	7,263
	Lone parent	4,327	661
	Single adult	19,161	4,495
	Other	19,148	4,526

Table 5: Unweighted sample size for control variables

Variable	Characteristic	Travelled	Non-travelled
Survey year	2005/06	6,478	1,362
	2006/07	10,786	1,793
	2007/08	10,502	1,701
	2008/09	10,577	2,322
	2009/10	10,968	2,212
	2010/11	10,743	1,946
	2011/12	11,077	2,107
	2012/13	10,698	2,393
	2013/14	10,521	2,274
	2014/15	10,571	2,379
Month	January	9,735	2,232
	February	8,333	1,783
	March	4,844	916
	April	7,657	1,719
	May	9,006	1,669
	June	9,188	1,637
	July	9,782	1,795
	August	8,834	1,831
	September	8,848	1,611
	October	10,156	1,944
	November	9,853	1,781
	December	6,683	1,450
Day of the week	Monday	14,519	2,744
	Tuesday	14,844	2,435
	Wednesday	15,135	2,543
	Thursday	14,722	2,582
	Friday	16,420	2,488
	Saturday	14,096	3,073
	Sunday	13,183	4,624

4.3 Results

The meaning of non-travel

If a survey respondent indicated that they had not left the house on the travel day, they were then asked why. The question gave them a list of eight options to choose from, as well as a free text box if they felt the options did not reflect their reasons. A few examples from the free text box give a brief explanation of the diversity of reasons for not leaving the house, as well as the limitations of single day diaries for capturing limited mobility. They include some that suggest non-travel days were atypical, such as *“Lazy day – playstation”*, and *“entertaining visitors during Ramadan”*. Others, however, did suggest that non-travel

on the survey day reflected longer term mobility issues: “*Hardly ever go out*”, “*Husband passed away not going out much*” and “*No driver to take [me] out*”.

Table 6: Reasons for non-travel

Reason for non-travel	n	%
Unwell/housebound	2,059	18%
Household jobs	1,160	10%
Leisure at home	5,711	51%
Working at home	415	4%
Weather conditions	482	4%
Study at home	331	3%
Caring/babysitting	646	5%
Other	457	4%
Total	11,261	100%

Table 6 shows the reasons respondents selected from a list for their non-travel, apart from the category which was intended for taxi drivers and other people in similarly travel-centric forms of employment. Only 11,711 of the 20,631 non-travelling respondents in the LTDS gave a reason for non-travelling (450 of these were in the free text box). Just over half of those that gave a reason for their non-travel described it as ‘leisure at home’. The second most populous category is ‘unwell/housebound’, with 18%. The conflation of those who are temporarily unwell and those who are confined to their house is unfortunate, however, it does suggest that a significant proportion of non-travellers stay inside because of health issues. It is also important to note that for those living with chronic illness or impairment, a decision to remain at home may not be attributable to their chronic illness as it is always a factor in their mobility. They will also make decisions based on the weather or the attractiveness of home-based leisure. ‘Household jobs’ is the third largest group, at 10%, demonstrating that a proportion of non-travel is due to household upkeep and other similar responsibilities. The remaining categories contain between 3% and 5% of respondents.

Table 7 shows the reasons for non-travel tabulated with age. The proportion of people who non-travelled because they were unwell or housebound increases with age, rising from 10% for 18-49-year olds to 42.8% for those over the age of 80. The proportion of people non-travelling because of leisure at home remains constant between the ages of 18 and 79 at just over 50%, however, only 43% of those over the age of 80 non-travelled for this reason. The proportion of people staying at home to care or babysit reduces over time, as well as the proportion of people that report working and studying from home.

Table 7: Reasons for non-travel by age

Reason for non-travelling	18-49	50-59	60-69	70-79	80+	Total
Unwell/housebound	10%	16.7%	19.1%	26.7%	42.8%	18.2%
Household jobs	10.7%	12.5%	12.8%	9.9%	4.0%	10.3%
Leisure at home	52%	51.%	50.9%	50.6%	43.7%	50.6%
Working at home	4.5%	6.9%	4.0%	0.4%	0.3%	3.7%
Weather conditions	3.3%	3.4%	6.2%	6.6%	4.8%	4.3%
Study at home	5.8%	0.5%	0.1%	0%	0.1%	2.9%
Caring/babysitting	8.6%	4.4%	3.2%	2.4%	1.5%	5.7%
Other	4.9%	4.5%	3.7%	3.4%	2.9%	4.3%
Total	100	100	100	100	100	100

Table 8 is an analysis of the 450 responses written out in the free text box. An additional 80 people had filled in this box explaining that they were on holiday. As people outside of the travel area (i.e. London) were considered to have travelled in the main model, these respondents were excluded from Table 8. All other responses were thematically coded to provide a more precise overview of reasons for non-travel, and as such do not correspond to Table 7's categories. This means that it provides a more detailed and specific, albeit still limited, understanding of the reasons people non-travel. Reasons behind travelling or non-travelling are complex and not easy to disentangle. The third example in the weather category for instance – 'bank holiday and raining', demonstrates that decisions to be mobile or not are contingent on numerous factors and can be difficult to fit into one self-contained category.

Table 8: Free text box reasons for non-travel

Reason for non-travel	%	Example 1	Example 2	Example 3
Long-term issues	5.3%	"Long-term disabled"	"Agoraphobic"	"Never go out"
Short-term health related	12.4%	"Pregnant"	"Flu"	"Had accident last week"
Short-term barriers	1.8%	"Cannot afford adult oyster"	"Mobility scooter broken"	"Car broken down"
Weather	1.6%	"Too cold out"	"Raining heavily"	"Bank holiday and raining"
In hospital	9.3%	"Living in hospital ill"	"In hospital having baby"	"In hospital long term"
Household jobs	19.1%	"Builders in decorating"	"Waiting for delivery"	"Packing to move house"
Employment/education related	5.6%	"Looking for work"	"On strike"	"Working from home"
Family related	6.2%	"Daughter is unwell"	"Death in the family"	"Cat is ill"
Resting	11.8%	"Hangover"	"Lazy day too tired"	"Recovering from shift-work"
Not working	9.8%	"Don't work that day"	"Do not work"	"Don't work weekends"
Socialising	10.2%	"Entertaining guests"	"At girlfriend's all day"	"Having children's party"
Leisure at home	1.8%	"Football"	"Watching Olympics on TV"	"Painting"
No reason to go out	9.1%	"No need to go out"	"Don't go out on Thursdays"	"Wasn't in the mood"
Special event	3.6%	"Watching royal wedding"	"Christmas holidays"	"Ramadan and fasting"

Nineteen percent of respondents that filled the free text box reported that their non-travel was due to some kind of household job. This category is not restricted to 'work' on one's household and encompasses several responsibilities and tasks which required the respondent to be at home. Waiting for a delivery was common, as well as waiting for a builder, decorator or plumber and staying around the house while they worked. DIY and gardening were also included in this category, along with people who said they had just 'moved house', were about to move house, or were packing for a holiday. DIY and gardening can of course be included in the 'leisure at home' category, however, without more context it is difficult to distinguish between the two.

The second largest category was 'short-term health related', with 12.4% of respondents. This category represents answers which related to the person's health or ability to travel

but did not appear to be long-term. Pregnancy, recovering from a hip operation, recovering from a cataract operation, and back pain are examples of this. 'Resting' was the third most populous category, containing just under 12% of respondents. People in this category gave the reason that they were tired, having a lazy day, tired from work or travelling, or nursing hangovers. 'Socialising' was the third largest category at just over 10%. These respondents reported entertaining family or guests or having parties.

Just under 10% of those that responded in the free text box gave the reason for their non-travel as some variation on them not working that day. For those in employment, non-travel can seemingly offer some respite from working. Although there is some overlap here with the 'resting' category, respondents placed in that category explicitly stated that they were resting; those in the 'not working' category placed their non-travel down to an absence of obligation to go somewhere. The next largest category was people who were in hospital, with just over 9% of respondents. Some of these people were in hospital for shorter term procedures, for example giving birth. Others stated that they were in hospital for the longer term, with one respondent (whose survey was presumably completed by a family member) that was reported to be in hospital in a coma.

Those who indicated that they merely had no reason to go out were the sixth largest category, also with just over 9% of responses. Most of these respondents indicated that they had 'no need' or 'no reason' to go out, or that they don't go out on the day of the week in question. This indicated that non-travel days can be part of a routine, with certain days being singled out for spending time at home. Others in this category indicated that they were not in the mood for leaving the house. 'Family related' factors, the seventh category by size (at 6.2%), were largely to do with the responsibilities of parenthood or kinship. Although some respondents placed into the 'socialising' category reported having family visiting, this different from the 'family related' category because the latter was framed more negatively or did not necessarily entail socialising. Looking after an unwell child, grieving a death in the family or celebrating Father's Day for example. 'Employment/education related' was the next largest category at 5.6%, and contained people studying, searching for work, working from home or striking.

The category, 'Long-term issues', contained just over 5% of responses. This category could have been called health issues but was expanded to include cases where the person said, for example, they no longer went out since their husband had died. People who gave the reason that they were long-term disabled, agoraphobic or only went out with the help of

their carer or son were placed in this category. This category contains cases where the person appeared to hint at non-travel being more common for them. 'Special events' accounted for 3.6% of responses, and included events such as bank holidays, the royal wedding, and Ramadan. Those can of course be described as 'leisure at home' but given that people reported taking a day off to watch the royal wedding, it did not seem equivalent to people who had just reported surfing the internet and watching the Olympics all day. The smallest three categories, each containing between 1.5% and 2% of responses were 'leisure at home', 'weather', and 'short-term barriers'. 'Short-term barriers' is perhaps of most interest here, and described instances where people reported that some means of facilitating their travel was unavailable to them at that point in time – for example their car was broken down.

Non-travel clearly occurs for a diverse range of reasons, many of which are routine, many of which are important and even health-giving, but some are concerning and hint at a deficit in the ability to be mobile in London. They also reveal assumptions about what leaving the house involves. That someone's car breaking down is a reason for not leaving the house expresses the central role cars can play in people's mobility, and the absence of walking. There was also an implication that non-travel is a counterpoint to working; having a day where one did not work was a good reason for spending time at home. This in part seems to be because the respondent wanted to rest, however, it was also implicated in broader routines of mobility; not working that day means that it is a day where they can stay at home. These routines were also evident in those who said they had no reason to go out on the survey day – "don't go out on Thursdays" for example. More generally, it seemed many respondents simply did not have anything which provoked them to leave the house. Finally, that forms of socialising at home – being visited by guests or family - was a reason for non-travel reinforces the notion that mobility is just one means of maintaining social inclusion and social ties. The following section will explore the factors which are associated with a greater or lesser propensity to non-travel.

Descriptive analysis: who stays at home?

Non-travel in London is socially patterned (Table 9). The p-values on Table 9 were calculated using chi-square tests and suggest that the percentages shown are statistically significant, except those showing the difference between Inner and Outer London, which have a p-value of 0.170 (i.e., we can only be 17% sure that this figure did not arise out of chance). On average 16% of Londoners did not leave the house on any given day.

Propensity to non-travel increases with age (13% of 18-49-year olds, 19% of 60-69-year

olds and 40% of those over 80 did not travel) and retirement (with 29% of retirees non-travelling compared with 9% in full-time employment). Disability was associated with increased propensity to non-travel (37% of respondents reporting a disability or impairment did not travel, compared with 14% of those who reported no disability) as well as gender (18% of women did not travel compared to 14% of men). Household structure was also associated with tendency to non-travel: 13% of people living in households consisting of a couple with children did not travel compared to 17% of people living in a couple without children, and 18% of single adults. Owning or having access to a car was associated with a reduced propensity to non-travel compared with having one (14%, 20%). To provide more detail on the demographics of the sample, Table B2 in the appendix provides a breakdown of the sample by age.

Table 9 also shows the estimated number of non-travellers per year in London, broken down by each explanatory variable in the model. Each wave of the survey is weighted to be representative of London that year. Therefore, if the survey weights were applied to the model without intervention the numbers would be weighted to represent London cumulatively for 11 years covered by the survey. It seems more useful to estimate the number of non-travellers per year rather than per 11 years. Therefore, the figures presented in Table 9 are an average estimation from all 11 years. This seemed to maintain greater consistency with the model as a whole than selecting one specific year would have done. Lastly, it is important to note that the estimates displayed here are a product of the model constructed in this analysis – cases that have been excluded from the model will impact upon the estimates provided. It is thus likely that these estimations of the yearly number of non-travellers in London are underestimated. Nevertheless, as not everyone filled out the survey completely (for example by skipping certain questions), this would have been the case even if the full sample had been used. On average, 894,381 people non-travel per year in London. 523,099 of these non-travellers are female, and 371,281 of them are male. Furthermore, although Outer and Inner London have similar rates of non-travel, Outer London contains almost 200,000 more non-travellers per year than Inner London. This is presumably a result of its larger population.

Table 9 Percentage of non-travelling respondents by demographic factors

Variable	Characteristic	Did not travel		p value
		N per year	(%)	
All respondents		894,381	16%	
Income	£0-£14,999	373,227	24%	<0.001
	£15,000-£24,999	162,195	17%	
	£25,000-£49,999	195,276	13%	
	£50,000+	171,880	11%	
Gender	Male	371,281	14%	<0.001
	Female	523,099	18%	
Employment status	FT Employment	193,621	9%	<0.001
	PT Employment	52,164	12%	
	Self-Employed	68,329	12%	
	In education	68,914	17%	
	Unemployed/Unable to work	130,587	29%	
	Retired	262,034	29%	
	Other economically inactive	118,733	23%	
Location	Inner London Residents	352,125	16%	0.170
	Outer London Residents	542,256	16%	
Age	18-49	493,165	13%	<0.001
	50-59	102,983	15%	
	60-69	107,591	19%	
	70-79	101,077	26%	
	80+	89,564	44%	
Ethnicity	White British	441,656	15%	<0.001
	White Other	116,856	14%	
	Mixed Heritage	19,144	15%	
	Indian	68,311	18%	
	Pakistani and Bangladeshi	55,287	22%	
	Black African/Caribbean/British	111,663	19%	
	Other Ethnic Background	81,465	18%	
Driving licence	None	473,275	24%	<0.001
	Holds one or more	421,106	12%	
Has a disability	No	664,642	14%	<0.001
	Yes	229,738	37%	
Receives travel concessions	No	652,407	14%	<0.001
	Yes	241,974	24%	
Owns or has access to a car	No	393,366	20%	<0.001
	Yes	501,015	14%	
Household structure	Couple with children	167,407	13%	<0.001
	Couple without children	323,377	17%	
	Lone parent	43,908	14%	
	Single adult	179,850	18%	
	Other	179,840	18%	

Logistic Regression model: The factors associated with increased propensity to non-travel

Table 10 outlines propensity to non-travel by social and demographic characteristics, giving the odds ratio, 95% confidence interval and p-value for each characteristic in the model.

Year and day of the week were also included in the analysis (not shown: full results from the model are available as appendices, see Appendix B). A Hosmer-Lemeshow test suggested that the model is an acceptable fit for the data ($p = 0.590$). There was good evidence that increasing age was associated with non-travel. Londoners over the age of 80 were 3.88 times (95% CI 3.42-4.40) more likely to stay at home than 18-49 year olds; 70-79 year olds were 2.18 times (95% CI 1.93-2.46) more likely to non-travel than 18-49 year olds and 60-69 year olds were 1.76 times (95% CI 1.59-1.95) more likely to non-travel than 18-49 year olds.

There was also good evidence from the model of an association between employment status and non-travel. Retired persons were 2.42 (95% CI 2.20-2.66) times more likely to non-travel than those in full-time employment; those who were unemployed or unable to work were 2.83 (95% CI 2.63-3.04) times more likely to non-travel than the full-time employed; and those economically inactive for some other reason were 2.49 times (95% CI 2.32-2.67) more likely to non-travel than those who were full-time employed. Respondents who reported having a disability or impairment limiting travel were 1.79 (95% CI 1.70-1.88) times more likely to non-travel than those who did not.

Women were 1.15 times (95% CI 1.11-1.20) more likely to non-travel than men. Londoners of Pakistani and Bangladeshi ethnic backgrounds were 1.47 times (95% CI 1.35-1.60) more likely to non-travel than White British Londoners, and Black African/Caribbean/British Londoners were 1.35 times (95% CI 1.27-1.44) more likely to non-travel than White British Londoners. There was good evidence that propensity to non-travel is inversely related to income. Those who earned £14,999 or less were 1.20 times (95% CI 1.13-1.28) more likely to non-travel than those earning £50,000 or more. Earning between £15,000 and £24,999 per year was associated with a propensity to non-travel of 1.13 times greater (95% CI 1.06-1.20) than those earning £50,000 or more. Londoners with a yearly income of between £25,000 and £49,999 were only marginally (1.09 times; 95% CI 1.03-1.15) more likely to non-travel than those in the reference category.

There was good evidence that receiving travel concessions is inversely related to non-travel, with those who receive the benefit half (0.51; 95% CI 0.47-0.56) as likely to non-

travel as those who do not despite the fact that those receiving travel concessions are overall more likely to non-travel than the general population. This is perhaps because travel concessions are aimed at Londoners who may find mobility more difficult – those who are unemployed, over 65 or disabled. Possessing a driving licence was associated with a decreased propensity to non-travel compared to those without a driving licence (0.64; 95% CI 0.61-0.67). However, there was only weak evidence that owning or having access to a car was associated with non-travel (0.95; 95% CI 0.91-1.00). Those living in households consisting of couples without children were 1.14 times (95% CI 1.08-1.21) more likely to non-travel than those in households consisting of couples with children. Lone parents were a third less likely (0.67; 95% CI 0.60-0.75) to non-travel as those in households consisting of couples with children. Single adults living alone were 0.82 times (95% CI 0.77-0.88) as likely to non-travel as people living in households consisting of couples with children. Those living in other types of household were 1.14 times (95% CI 1.08-1.21) more likely to non-travel than those living as a couple with children in the house.

Table 10: Logistic regression model of propensity to non-travel

Variable	Characteristic	Odds Ratio	95% C.I	p value
Income	£50,000+ (ref cat)			
	£25,000-£49,999	1.09	(1.03 - 1.15)	0.004
	£15,000-£24,999	1.13	(1.06 - 1.20)	0.000
	>£14,999	1.20	(1.13 - 1.28)	0.000
Age	18-49 (ref cat)			
	50-59	1.03	(0.97 - 1.10)	0.259
	60-69	1.76	(1.59 - 1.95)	0.000
	70-79	2.18	(1.93 - 2.46)	0.000
	80+	3.88	(3.42 - 4.40)	0.000
Gender	Male (ref cat)			
	Female	1.15	(1.11 - 1.20)	0.000
Employment status	FT Employment (ref cat)			
	PT Employment	1.25	(1.15 - 1.35)	0.000
	Self-Employed	1.54	(1.43 - 1.65)	0.000
	In education	1.74	(1.60 - 1.89)	0.000
	Unemployed/Unable to work	2.83	(2.63 - 3.04)	0.000
	Retired	2.42	(2.20 - 2.66)	0.000
	Other economically inactive	2.49	(2.32 - 2.67)	0.000
Location	Inner London (ref cat)			
	Outer London	1.09	(1.05 - 1.14)	0.000
Ethnicity	White British (ref cat)			
	White Other	1.06	(1.00 - 1.13)	0.034
	Mixed Heritage	1.09	(0.95 - 1.25)	0.218
	Indian	1.29	(1.21 - 1.39)	0.000
	Pakistani and Bangladeshi	1.47	(1.35 - 1.60)	0.000
	Black African/Caribbean/British	1.35	(1.27 - 1.44)	0.000
	Other Ethnic background	1.29	(1.21 - 1.38)	0.000
Driving licence	None			
	Holds one or more	0.64	(0.61 - 0.67)	0.000
Has a disability	No (ref cat)			
	Yes	1.79	(1.70 - 1.88)	0.000
Receives concessionary travel	No (ref cat)			
	Yes	0.51	(0.47 - 0.56)	0.000
Owns or has access to a car	No (ref cat)			
	Yes	0.95	(0.91 - 1.00)	0.064
Household structure	Couple with children (ref cat)			
	Couple without children	1.14	(1.08 - 1.21)	0.000
	Lone parent	0.67	(0.60 - 0.75)	0.000
	Single adult	0.82	(0.77 - 0.88)	0.000
	Other	1.14	(1.08 - 1.21)	0.000

Sensitivity Analyses: Exploring the interrelationships of age, disability, gender, and whether the respondent lives in Inner or Outer London

To further unpick the relationship between age and non-travel, sensitivity analyses examined interactions between age and: household structure, travel concessions, disability, gender, and whether the person lived in Inner or Outer London in five separate models (shown in Appendix C). Wald tests indicate that age interaction terms were jointly significant (at the 5% level) in each of the five models suggesting that the relationship between age and non-travel differs by gender, disability, location, whether the person receives travel concessions or not, and the structure of their household.

The odds of non-travel appear to increase more rapidly with age among men compared to women (Table C1). Men aged 80+ were 2.14 times (95% CI 1.64-2.78) more likely to 'non-travel' than men 18-24, while women 80+ were 1.46 times (95% CI 1.27-1.68) more likely to 'non-travel' than women 18-49. Although the relationship between age and non-travel was more pronounced in non-disabled Londoners than disabled Londoners, the general trend appeared consistent (Table C2). The interaction between age and the built environment (Table C3) suggests that the built environment does in fact play a role in the mobility of older adults. Those living in Inner London were 2.41 times (95% CI 2.07-2.80) more likely to non-travel than 18-49 year olds when aged 70-79, and 3.86 times (95% CI 3.27-4.54) when aged 80+. However, there was little evidence of a relationship between age and 'non-travel' in Outer London.

The odds of non-travel appear to increase particularly steeply amongst those who do not receive travel concessions (Table C4), with 80+ year olds 5.24 times (95% CI 4.33-6.34) more likely to non-travel than 18-49 year olds. A sensitivity analysis of the interaction between age and household structure suggests that the most pronounced relationship between age and non-travel is present in households consisting of a couple with children (Table C5). Individuals living in a couple with children aged 70-79 are 2.51 (95% CI 1.56-4.06) times more likely to non-travel than 18-49 year olds living in a couple with children, and individuals living in a couple with children over the age of 80 are 4.59 times (95% CI 0.97-21.71) more likely to non-travel than 18-49 year olds living in a couple with children.

4.4 Discussion

Analysis of the reasons given for non-travel suggested that over half of non-travellers did so because they were performing leisure activities at home. However, the prevalence of attributing non-travel to leisure at home was partly contingent on age, with fewer people

over the age of 80 reporting this. Conversely, the proportion of non-travellers that cited illness or being housebound as the reason for their non-travel increased with age. However, due to the survey's conflation of being ill and being housebound, this should be viewed with caution. The dataset only measures one day's travel, and it would be overzealous to assume that a quarter of non-travellers aged 70-79 did so because they were unable to leave the house at all. Finally, the free-text box was provided for those who felt that their reasons for non-travel were not represented by the suggested options. Therefore, it would be foolish to consider them representative of other non-travellers. However, they do suggest that the reasoning behind non-travel was often complex, and contingent upon numerous factors. As the suggested categories were broad, further exploration of what notions like 'leisure at home' contain is needed.

Nevertheless, my analysis of the text-box responses given for non-travel provide an interesting depth to what non-travel, and leisure at home, can be conceived as. Even from the short sentences provided it is clear that reducing travel down to a one day 'snapshot' is somewhat reductive and ignores the routines mobility helps to constitute. That not working a particular day is reason to spend it at home is representative of this. My analysis separated activities which could be thought of as 'leisure' to provide greater insight; 'socialising', 'leisure at home', 'no reason to go out' and 'resting' are all categories which can be seen to represent leisure time. Time spent at home can clearly be worthwhile and a welcome counterpoint to spending time out of the house. This provides insight about non-travel overall, but less about how being a more frequent 'non-traveller' is interpreted by individuals (which will be explored in following chapters).

The findings of the logistic regression model suggest some sociodemographic and transport related associations of one indicator of everyday mobility in London, non-travel on a given day. That is, increasing age, experiencing disability and not being in paid employment all made it more likely that a person would not leave the house. Even for London, with relatively good public transport access, which makes car use less essential, and universal access to free bus travel at older age, increasing age was associated with non-travel. Crucially, I have shown that disability and long-term health problems did not explain decreasing mobility at older age, which remained an independent association in the regression model. I do not suggest that not leaving the house is necessarily a risk for health and wellbeing: there are good reasons why some benefits of travel outside the house can be provided without leaving it (through virtual technologies, for instance; Chapter Five will explore this point). Neither do I claim that having to engage with the rigours of urban life is

necessarily good for health; relaxing at home might well confer more benefit, at least some of the time. However, given the accumulating evidence of the wellbeing benefits of everyday mobility at older age, these findings do suggest some continuing structural barriers to the determinants of health for older adults.

There are three potential pathways through which increasing age might put people at risk of declining opportunities for mobility. First, retirement is a powerful predictor of decreased mobility. This is not inevitable: research from a smaller and less dense urban area in Sweden suggests that that after retirement, everyday mobility can (in contrast) become a means of structuring the day by “getting out of the house, either just for a walk or to do errands” (Berg, 2016b, p. 53). Second, ageing, even when controlling for factors such as disability and retirement, appears to be associated with reduced mobility in its own right, although this may reflect some unmeasured confounding factor, if those with long-term health problems that affect mobility do not reporting having a disability. Third, disability itself has been widely reported as a barrier to mobility (e.g. Imrie, 2012; Green and Lakey, 2013; Nordbakke, 2013; Trailblazers, 2016).

Everyday travel can provide an important bulwark against loneliness and social isolation. In the UK, 20% of people over the age of 52 living alone reported feeling lonely often, and 39% reported feeling lonely some of the time (ONS, 2013). I found living alone to be associated with a lower propensity to non-travel than living with other adults or children, at all ages. This was the case for both single adults and pensioners (the latter of whom are proportionally more likely to be non-travellers), as well as lone parents. Single people may be more likely to travel to seek out social contact unavailable within the home, as well as to do shopping for the household.

Receipt of travel concessions is strongly negatively associated with non-travel. For the older adults in the sample, this is largely the Freedom Pass, providing free travel on the public transport system for those over State Retirement Age. Although those receiving travel concessions are more likely to non-travel overall, once the factors likely to predict receipt of non-travel are accounted for, receipt protects against non-travel. Although there may be selection bias here, with those taking the time to apply for travel passes more likely to be the more mobile, this may have a role in mitigating the effects of household income, which is negatively associated with non-travel. That there was little evidence that car ownership or accessibility was associated with reduced propensity to non-travel may relate to the mix and density of London’s built environment and relatively good public transport network.

Holding a driving licence was negatively associated with non-travel; which may reflect some selection bias, in that those who are more mobile more likely to obtain a driving licence.

Sensitivity analyses

That men over the age of 80 are over twice as likely to non-travel as women over the age of 80 is not surprising given their reported lower propensity to draw on social support, relative reluctance to seek health care (Gleibs *et al.*, 2011; Davidson, 2012) and lesser likelihood to attend community support groups compared with older women (Beach and Bamford, 2014). This evidence chimes with my experiences of recruiting older men in London, who seemed much less likely to be found in support and community groups, and often less open to the notion of participating in the research. These factors may result in increased propensity to non-travel.

It is more surprising that Outer Londoners over the age of 80 have a much lower propensity to non-travel – one would have expected any relationship to go in the opposite direction. Since Outer London is more car dependent, one would hypothesise that older people who gave up driving would be left without convenient options for travel. One possible explanation is that rates of deprivation amongst older people are much higher in Inner London (Hanna and Bosetti, 2015). Although I have tried to control for income and car ownership or access, these measures will not be able capture the many dimensions of deprivation which may influence propensity to leave the house. The qualitative findings presented in this thesis will go on to explore how deprivation and mobility can be entangled. For example, older people with impairments may be less inclined to travel if they cannot afford to take a taxi that day (or in general). In later life, although pensions will be a primary source of income, they may be supplemented by someone's 'wealth' (i.e. any savings which may supplement their pension). Simply using income as a measure of one's financial capabilities may not be sufficient. It is also possible that the variable measuring car access (as opposed to ownership) was not entirely accurate. Older people may receive lifts from acquaintances or friends for specific activities, which does not necessarily amount to 'access to a car', as operationalised by the LTDS, but has a notable impact upon their mobility.

Travel concessions have been successfully used to increase the mobility and inclusion of older people across the UK (Mackett, 2014), so it is no surprise that those receiving travel concessions are less likely to non-travel. Although uptake is generally high (92% of 70-79-year olds and 84% of those over 80 in the sample reported receiving travel concessions –

see Table B2) more research is needed to understand the minority of people who do not apply. Apart from the initial cost of the concessionary travel pass (i.e. deposit) and a preference for car use over public transport, few relevant factors have been identified to date (Rye and Carreno, 2008). As I have suggested, this finding may reflect selection bias.

Further research is also required to examine the potential relationship between household structure and non-travel. One can speculate that Londoners over the age of 70 and 80 are less likely to travel when they live with their children if they co-reside because of needs for care. It is also possible that living alone is a push factor to seek social contact outside of the home. Nevertheless, these suggestive results should be treated with caution as the plethora of categories required to test this interaction resulted in wide confidence intervals. Lastly, it is worthwhile noting that older disabled people were less likely than younger disabled people to non-travel, in comparison to non-disabled older and younger people.

Strengths and limitations

The indicator of 'non-travel' does not capture isolation or physical activity levels directly, but does provide some clues at a population level of the effect of socio-demographic and transport related circumstances on propensity to 'non-travel'. The response rates of the LTDS, at between 50% and 55%, are generally in line with other large surveys. There is evidence to suggest that short walking trips are underreported in travel surveys (Lepanjuuri *et al.*, 2016). Furthermore, this underreporting of walking trips increases over time in longer surveys. The proportion of people that report non-travelling thus rises over time, since people who only took short walks become more prone to recall bias (Golob and Meurs, 1986). This is important as older adults tend to travel shorter distances in their daily lives (Mercado and Páez, 2009). Nevertheless, this underreporting is minimised in the LTDS because participants only need to recall their journeys from the previous day (Lepanjuuri *et al.*, 2016). However, surveying one day only captures non-travel at the aggregate level (in terms of which groups are most likely to do so), and cannot provide a more finely-tuned analysis of who might never leave the house. Nevertheless, the LTDS is a large sample, representative of London's resident population. This analysis has unpicked the decrease in mobility experienced in later life into three separate threads; retirement, increasing age, and disability.

4.5 Conclusion

This chapter has highlighted that, even for a city with relatively good public transport and free travel for older citizens, ageing is independently associated with reduced mobility, beyond the impact of retirement and disability. Given the evidence that everyday mobility has benefits for health at older age, this is a major determinant of health. In the context of aging populations, and cities which will contain larger populations with disabilities, policies to foster health and health equity must consider age-friendly environments. Transport systems continue to favour those who are physically agile, can move quickly and have the cognitive skills necessary to navigate sometimes unpredictable transport provision (Freund, 2001). This analysis has demonstrated that, even in London, where older citizens benefit from free and relatively good public transport, age independently predicts 'non-travel'.

The findings of this chapter raise questions about the wider, holistic, mobility of older people experiencing impairment. For those of us who are still in employment, much of day-to-day life is structured through activities (more specifically, jobs or vocations) which involve leaving the house. The same has been said of recent retirees (Berg, 2016a). What, then, does non-travel look like in practice? Through a public health lens, it can be pathologized or construed as a problem; a deficit in mobility, and thus an opportunity to promote physical activity and social inclusion. Given our increased understanding of mobility as a multifaceted phenomenon, not contingent on physical locomotion, it is possible that non-travellers are embarking upon trips (or at least episodes of mobility) of a different kind. The next chapter is an exploration of this possibility.

5 Non-corporeal travel: What is gained and what is lost through being at home

5.1 Introduction

This chapter looks beyond 'non-travel' as a deficit, a viewpoint which could emerge from a concern over the health implications of increased time spent sedentary (Biswas *et al.*, 2015). Instead, I look in more detail at the value older people see in the time they spend at home, as well as the ways in which they deploy representations of this time during interaction. Rather than focusing on mobility itself, or the extent of the mobility someone attains, we can prioritise and dissect the different forms of value people obtain through various forms of mobility. Through a broader understanding of mobility, we can also scrutinise the home-based practices older disabled people engage in. 'Non-travel' is thus not a measure of mobility as a whole, but one of corporeal mobility actualised outside of the home. This chapter will focus on the non-corporeal mobilities participants discussed.

I use the term non-corporeal mobility to refer to two things. The first is travel (overcoming separation) in social, psychological, conceptual, and imaginative spaces (Ziegler and Schwanen, 2011). The second is what Urry (2007) calls communicative travel; use of media like telephones or emails. My analysis in this chapter will focus on the former, although I will explore the way communicative travel can be implicated in those forms of mobility. Many of these forms of non-corporeal travel can be conducted outside of the home. For example, one can use a smartphone to call a friend, view images of some far off destination, and listen to music which conjures some memory of a place you have previously listened to that music in. You could do this almost anywhere; non-corporeal mobilities are not rooted to any particular location. In this study, though, they were cited by participants as examples of recreational activities which they performed at home. Home was thus the primary site for their communicative and non-corporeal travel.

Key to non-corporeal travel from the home are technologies such as telephones, the internet and the range of online possibilities for connecting with others who are not co-present. Previous research has promoted the potential of the internet and computers to smooth the disruptions experienced in later life (Czaja and Lee, 2007). Sacker et al.'s (2017) longitudinal analysis of older people has chimed with this sentiment, suggesting that mobile phone and internet use can moderate the association between poor health and social exclusion. Social exclusion was measured in this analysis by an index of questions on

access to services, civic participation and social relations (Sacker *et al.*, 2017). The authors argue that cars, mobile phone use, and internet use can protect older adults in poor health from the reduction in access to services, civic participation and social relations which can accompany ill health.

Further research has investigated the relationship between ‘virtual mobility’, measured as internet use per week for various activities, and physical mobility, defined as travel outside of the home (Kenyon, 2010). Kenyon found that internet use and related forms of mobility are supplementary to physical mobility and do not replace corporeal travel, nor precipitate an increase in corporeal travel. Virtual mobility was reported to generate more communication with more people; however, much of the communication conducted online could not be done offline. Similarly, Kenyon’s survey respondents reported gaining access to a greater range of goods through online shopping. Internet usage seemed to open up a larger extent of possibilities. However, his study included people from a range of ages, and did not measure disability. We cannot know, therefore, whether they faced the same impediments to travel that older disabled people do in London. This is important because, as the analysis I presented in Chapter Four suggested, the difficulties older disabled people face travelling in London seems to result in a decreased propensity mobile. Kenyon’s analysis does not incorporate this insight, so we cannot be sure that internet shopping and communicative travel do not replace corporeally enacted trips under the circumstances faced by older disabled Londoners.

We should not overlook the importance participation in the online, or digital, public sphere can have. There were many examples from my fieldwork of these technologies being used to aid what could be called communicative travel. For example, Trevor, a 70-year-old participant in my research who had lingering problems from a previous stroke which made mobility difficult, considered YouTube to be the “last haven of free speech”. He exercised a great deal of political engagement through discussing political and social issues online with others, many of whom he had never had face-to-face contact with. His sense of citizenship was in part derived from this engagement, which he outlined by talking about the political discussion he partook in online, for example. However, Trevor is younger than many other participants in the study. Other, older, people interviewed expressed a mistrust of web-based interaction, with fear of fraud generating misgivings about web-based banking, for example. More generally, older people and disabled people are less likely to use or have access to computers and the internet (Anderberg and Jönsson, 2005; Macdonald and Clayton, 2013; ONS, 2018a), which would somewhat limit their options for communicative

travel. Non-corporeal mobilities encompass more than just internet usage, however. All go-alongs and interviews I conducted were arranged via telephone, for example, which hints at another important point; the intertwining of corporeal and non-corporeal forms of mobility. This can be seen in the way participants and I used telephone communication to arrange trips we made together. However, there are also more direct ways in which this relationship between corporeal and non-corporeal mobility took place.

Non-corporeal forms of mobility were employed by participants in this study to help organise or produce forms of corporeal travel, rather than just arrange travel with others. Annette, an 80-year-old female participant with a mobility impairment, for example, beamed at the novelty of being able to book a subsidised taxi through the Taxicard mobile app. Transport workers also use apps to track older and disabled people as they travel through the transport system, letting them know when a train containing a passenger who needs assistance arrives, for instance. Although many participants in this study expressed a mistrust of technology, future generations will foreseeably have a much greater proficiency with technology which younger people are beginning to use now. One can imagine how mobile applications like Citymapper, which is beginning to operate a bespoke bus service that can be summoned like a cab, will help older people who are not well serviced by public bus routes.

The examples I have given above are more concerned with internet and telephone use and can therefore be seen as communicative travel. Imaginative travel, comparatively, has received less coverage. Urry (2007) gives mention of the imaginative travel memories of places provide, but does not afford it the same degree of inspection as communicative travel, something noted by Ziegler and Schwanen (Ziegler and Schwanen, 2011). He seems more interested in the way pictures, films, images, and objects like travel brochures create relationships between individuals and places, many of which prompt tourism or other forms of mobility; his focus is on how imaginative travel structures social relations more broadly. This is perhaps because imaginative travel is more difficult to operationalise and is less explicitly related to health; internet and phone use entail social interaction and thus stand in opposition to concerns of social isolation and loneliness. Imaginative travel on the other hand is a more internally oriented process; although it can be shared or arise through interaction (if one is prompted to recall a shared trip for example), the experience of visiting imaginary spaces takes place in one's psyche.

Recent research has suggested that imaginative mobility may become more important to older people whose corporeal mobility is diminishing (Parkhurst *et al.*, 2014). Ziegler and Schwanen (2011) have also explored how forms of imaginary and psychological mobility can preserve self-identity and wellbeing in later life as corporeal mobility declines. In this view, different forms of mobility should be viewed as parts of a whole, a 'mobility of the self', which drives older people's openness to being connected with the wider world. The cognitive processes which drive corporeal and non-corporeal mobility may be alike, then, and the openness which drives corporeal mobility may also drives non-corporeal mobility.

The analysis I present in this chapter will engage with the importance of these non-corporeal mobilities to self-identity. However, my focus will be more on the ways that older disabled people constructed value in their experiences of 'non-travel' by using examples of non-corporeal mobility (which is implicated in how self-identity is reproduced in interaction). Firstly, I explore the benefits participants gained from non-corporeal travel. I discuss how the virtual travel performed through video game usage can be marshalled to maintain the value inferred by vocation and productivity. Advancing on these lines, I explore the notion of 'experiential travel', a logical implication of our understandings of concepts like imaginative or psychological travel. I subsequently suggest that as these cultural forms which enable non-corporeal mobility are symbolically charged and often deployed as forms of cultural capital, inequalities in the ability to be non-corporeally mobile ensue. This calls into question how far these practices can truly be scrutinised by researchers, given the depth of their subjectivity. Finally, I reflect upon the inexorable negative consequences of a decline in corporeal mobility. I do this first by contrasting the experience of online shopping with corporeally-enacted shopping trips, and then looking at the role mobility plays in imagined futures and aspirations for later life.

5.2 Self-identity and virtual mobility

An interesting example of non-corporeal travel which helped to support valued self-identity can be found in an interview I conducted with Steve and his wife Jenny. Steve is an ex-electrician who explained to me that he used to fix everything around the house but was now unable to do so due to severe arthritis and a recent dementia diagnosis. Recently selling his car and having his daughter take his tools from his shed seemed particularly grievous blows. The repeated references he made to his tools throughout the interview suggested they were of great symbolic importance to him. When I asked Steve how he passed the time when staying at home all day, Jenny mentioned that he played games on

his tablet. Steve then asked me whether I play games and, after I responded affirmatively, proceeded to recommend one to me:

Steve: yeah there's one game on there that you'd probably like. It's not all that easy, but it gives you some idea. It's uhh, called The Room.

Interviewer: The Room? Is that where you have to get out of the room?

Steve: yeah, it's got all these devices in the room you gotta do...

Jenny: yeah, we had a friend and he was doing the same, unfortunately he died a couple of years ago so, although they used to phone each other and say 'did you work this out?' to see how they'd done it

Steve: yeah there's so many clues you've gotta work out in it it's quite an interesting game really. In fact, I might even play it again [chuckles]. Except I know most of the clues now

Interviewer: I think there might be a second one?

Steve: yes, there was, Room 2. I think I might have done that one as well.

In 'The Room', the player is given a first-person view into a three-dimensional room within which they are confined. They must follow clues and notes to unlock boxes and decipher codes and puzzles to eventually reach the goal of unlocking an elaborate safe in the room. The player performs this through dextrous use of their hands – dragging keys or other objects across the screen into place or onto surfaces. These movements are accompanied by appropriate sound effects – the rattle of metal landing on wood, for example. These sound effects are accompanied by an eerie and spooky soundtrack which generates an unnerving ambience. As Figure 1 and Figure 2 show, the aesthetic is vivid, and richly and elaborately detailed. The game allows the player to zoom into different areas of the room. The visual, audio and tactile dimensions of the game provide an experience for the player that is potentially more immersive than television.

Figure 1 Image from 'The Room'



Figure 2 Image from 'The Room'



Jenny also played a game regularly, and although she was open about it, she laughed embarrassedly and sheepishly when looking up the name – ‘Farmyard Heroes’. As Steve described ‘The Room’ to me, Jenny said:

I would like to do something, but I look at things and think oh no, I won’t do that.

‘The Room’ provides a space for Steve to employ the problem-solving skills he developed as a tradesman and facilitated social interaction between him and his friend (which is not necessarily a given for men of their age). Jenny’s interjection was interesting for two reasons. Firstly, as an effort to maintain Steve’s status (allowing him to demonstrate an expertise in gaming that she did not share), and secondly because she made no effort to represent ‘Farmyard Heroes’ as a serious pursuit. She laughed as she booted up her tablet to try and remember what the game was called and showed me the cartoon-like tiles on the screen you needed to match to score points on the game. Jenny clearly derived pleasure from the game but did not feel it necessary to employ it in the same way Steve did. I want to be clear that Steve’s use of ‘The Room’ does not replace the practices I have likened it to, such as DIY or employment. Advising older adults who stop driving to play racing games won’t allay the impact of that reduction in mobility. The fact that playing a video game provides Steve with a resource with which to positively represent his immobile and more sedentary periods with is an important one, however.

5.3 Experiential transportation

One area which did not require prompting or reassurance that it was an acceptable pastime was reading. Reading (as a leisure activity performed for pleasure) demonstrates the most clearly defined example of the way non-corporeal mobility is used to maintain a mobile selfhood despite reduced capacity to be corporeally mobile. This is perhaps due to the long historical significance of literature and education, which extends back much

further than that of the television or computer. Reading, the pursuit of knowledge and exercising the imagination are all practices promoted for children's development, as well as for defending one's cognitive faculties against decline in later life.

The first way in which participants promoted the value of reading was in its capacity to absorb you. As one participant told me when explaining how she occupied herself on 'non-travel' days, "I read a lot... The time just goes!". The most interesting way in which reading was discussed, however, is concerned with the effects reading has on the individual's imagination. The following field note extract describes a conversation I had with Helen, a 79-year-old woman and wheelchair user requiring 24-hour care due to a degenerative muscular disease. Though her particular physical impairment means she has more complex needs than many other participants in the study, she was no less corporeally mobile than them and was generally only hindered by the financial cost of taking wheelchair accessible modes of transport. An avid reader, she described to me her feelings on the importance of reading:

I explained to her that I was trying to take a more holistic approach to mobility and account for what people are doing when they spend all day at home. She said she really does despair for people who aren't given the type of education that gets them into the habit of reading or teaches them how to read [for pleasure], because she finds that she will start reading and before she knows it a few hours have passed, and she comes to and she's "miles off", i.e. miles away. When she was a child she used to go to the library and her parents started her off reading young and she was saying how she feels sorry for people who are unable to do that and who can't experience the kind of transportive... the effect that reading has where it'll completely absorb you within the book [and] take you to another place....

(Fieldnote 29/6/2017)

Again, reading is represented as an activity in which you can lose your track of time. Most interesting, however, is that she treats reading as transportive. The idea of a novel transporting you away from your immediate circumstances is not a new one. What is interesting is the way in which Helen employs this idea. Helen is able to draw upon the symbolic potential of reading as a noble and valuable pursuit and form of culture to maintain the presentation of a mobile self. Reading is a valued practice which she can draw upon as an example of the richness she attains in her daily life. Not only is Helen speaking about the enjoyment she achieves day-to-day, she is also saying that her life is worthwhile;

she is using her education in meaningful and valuable ways and engaging in wider culture through reading. We can connect this with another example which reveals reading's connotations for one's sense of utility. Mary, a stroke survivor in her late sixties with lasting physical impairments, describes how reading helps her feel her time is not wasted:

Mary: because I'm retired that means I sometimes go to appointments up to an hour early and I just take my tablet with me I sit and read, because by doing it that way I don't panic.

Interviewer: do you find that an acceptable means of managing, reading your tablet?

Mary: well to me, yes, because it's not wasted time. I feel duty bound to fill up my life with useful things. I don't want to be just waiting to die, because that would be a waste. And I'm still learning things.

Performing pedagogical and valued practices demonstrates the individual's continued mobility, both to themselves and to others, and signifies that despite their disability their time spent being less corporeally mobile is still of value. Whether Helen's representation of reading is an authentic portrayal of her experience we can't say for sure, although I think it seems plausible. It would certainly cohere with what Ziegler and Schwanen describe as an psychological space, or a transgression of a difference between a 'here' and a 'there' (2011, p. 762).

5.4 Social distinction and the presentation of mobility

As cultural practices, forms of non-corporeal mobility are closely linked with social distinction and are employed as cultural capitals. Reading can provide a means of bolstering an identity as educated and cultured. Television provides a strong example of something which can have contrasting connotations. Television has often been viewed as problematic, which is reflected in some of the research which has explored it. The following examples are intended to be a brief coverage of some of the negative effects attributed to television. It has been associated with some degree of impediment to children's cognitive and behavioural development, as measured through academic achievement (Pagani *et al.*, 2010; Njoroge *et al.*, 2013). Although television can undoubtedly be educational, its purported deleterious effects have often caused consternation. This may be the violence or other negative influences that children can be exposed to via television (e.g. Strasburger,

2010). This consternation can also be found in Putnam's (2000) concerns about television reducing social capital because it supplants social activities outside of the home.

In public health terms, watching television is seen as a sedentary behaviour and thus a potential contributor to obesity (Hu *et al.*, 2003; Heinonen *et al.*, 2013). For older adults, sedentary behaviour has been associated with increased risk of mortality (Rezende *et al.*, 2014), although the authors also highlight its importance for supporting mental health in later life and admit more robust research is required. It is worth noting that there is some synergy between public health's (even if justified) disparagement of sedentarism and broader cultural narratives about morality. Here we can draw on some insight from the sociological literature on television. There are a number of associations between the television and negative stereotypes of the body – the unhealthy, the unproductive, the uncultured, and the uncivic (Bennett *et al.*, 2009, p. 150). These are stereotypes attracted by appearing to watch too much and sedentarism is a central part of these stereotypes, as it denotes being unhealthy, unproductive and uncivic (in terms of being antisocial). However, there are also consequences associated with watching the wrong type of television. Moralistic responses to devalued forms of television (for example reality shows) can be employed in the construction of class boundaries (Scarborough and McCoy, 2016). Watching reality television shows can thus attract stigma as it represents a failure to meet moral standards.

To avoid being implicated in these devalued practices, people must play down their consumption of 'bad' television and frame it as ironic or as a guilty pleasure (McCoy and Scarborough, 2014). Trevor echoes this stigma of television viewership in the following extract:

Interviewer: If you had a tv, what would change about your life?

Trevor: meh I'd just watch it more and you don't need to. Waste your time more. But, course I would. So I'm reading more. I have to.

Interviewer: I'm just wondering whether you read partially out of choice or whether it's entirely kind of, out of necessity

Trevor: A lot of it is choice, because I want to. Like this one here, you know the name H.R. McMaster? Probably haven't.

Watching television is wasting time, whereas reading (especially educational reading – the H.R. McMaster book is a history) is a worthwhile pursuit which escapes the stigma of

sedentarism. To sidestep the stigma and shame incurred by watching television excessively, you must avoid appearing to watch too much television and emphasise the more sophisticated (or less trivial) or pedagogical nature of your viewing habits. Interviewees were often evasive about devoting their full attention to watching television. As Lorraine, a participant who only left the house once or twice a week told me, “in between [doing] little bits [of cleaning], I’ll have the telly on”; television is not represented as something which is actively done, nor the primary activity. Another method of sidestepping this stigma is therefore to treat the watching television as a passive action; that the television is on is portrayed as incidental. Steve tries to present a similarly unconcerned disposition towards television in the following excerpt:

Interviewer: What type of things do you watch on telly?

Steve: well...no I really like... detective stories

Jenny: and Bargain Hunt you like don’t you

Steve: and Bargain Hunt yeah. Some entertainment I can watch or not watch.

There’s nothing really that I would suddenly jump up and say oh, that’s on....

Probably it’d be golf or snooker cause they’re my two games I used to play. So, otherwise there’s not a terrible lot I watch a lot, is there?

Detective stories, golf and snooker represent a more measured approach to television– the latter two involve a longstanding commitment to corporeally mobile practices and the former represents more discernment than simply sitting in front of the television. Where forms of non-corporeal mobility associated with greater cultural capital can be drawn upon in defence of corporeal immobility, more stigmatised forms must either be played down or presented in a way which emphasises their more valuable elements (although this is not always possible).

I have thus far suggested that playing video games and reading can to varying degrees produce some elements of the experience of mobility without corporeal movement. These rely on dispositions and subjectivities produced through habituation, and thus will be socially patterned. Steve, once he knew that I would not judge him on his video game usage, was happy to talk about the value they brought to his life. Reading was similarly eagerly discussed, with additional elements of performance emphasising its capacity to transport and educate. In contrast, television was generally avoided as a topic of discussion for fear of appearing sedentary. Because mobility is so connected to notions of worth and

value, forms of non-corporeal mobility were also drawn upon in attempts to sidestep the stigma of being sedentary or unproductive. This is testament to Urry's thesis on the importance of mobility; these different forms of mobility are conjoined in their capacity to denote value.

5.5 The subjectivity of experiential transportation

In Urry's words (2007), television brings the public world *to* the individual, inside their home (although this relationship has perhaps evolved slightly with the popularity of online streaming services and easily portable tablets with internet connections). The same can be said of reading; although novels are also portable, they are objects which contain information that individuals can use to occupy themselves at the very least, or access imaginary and metaphorical spaces which generate a sense of departure from their immediate surroundings. Although it is possible to attend literary events and television shows in person, and attending the cinema is still a popular activity, practices such as reading or viewing television are in general less demanding of corporeal mobility than other forms of cultural consumption. One example of forms of cultural consumption that do require corporeal mobility is art appreciation. For those interested in art, attending galleries is an essential component of the disposition. This is a good example of how different forms of habitus engender different propensities to be mobile. Although art is the primary example provided here, similar things could be said for theatre productions, another cultural practice which Bourdieu associates with the more dominant social classes (Bourdieu, 1977a).

In July 2017 I accompanied Olivia, an 82-year-old with arthritis, on a trip to the Victoria and Albert museum, which she described as her 'second home' due to all the time she spent there. When I met her at her house, she told me to sit in the living room and grab something to read (I grabbed a book about Indian textiles and art from the coffee table). The room had a whole wall dedicated to books – many of which were about the visual arts and other forms of culture; she later told me they were running out of space to store them in. When we arrived at the museum, she told me she would educate me (on the museum's contents and their value) and showed me around the museum (since I'd never been). She effortlessly weaved through the different exhibitions, on the way to the café, all the while giving me a commentary. Olivia is privileged because she lives in London; although the built environment may be hard to traverse at times, older people in London benefit from the city's density of cultural institutions. This is significant because unlike reading or watching

television, dedication to art and design is something which must be performed *through* the corporeal mobility of visiting museums.

A second example further elucidates the importance of corporeal mobility to art appreciation. Trevor spent much of his spare time painting; his passion for it periodically punctured his otherwise cynical disposition. Painting played a prominent role in Trevor's narrative of his mobility, for example through seeking out inspiring landscapes, scenes, objects and subjects to paint, as well as visiting galleries. Whilst expressing the following to me he perked up and became more animated – eyes widening, voice rising a few tones. He got up and scoured his bookshelf to find a book containing some of the paintings, wanting to share his enthusiasm. The following excerpt demonstrates it:

In the Courtauld gallery, they've got such... They've got the *real thing* of a famous Manet of a girl at the bar at Folies-Bergère. And it's got the...there it is. It's the real thing. *Wow*. And they've got a painter, I can't remember his name he's such a [inaudible, I think he says love bug but he is noisily rummaging around looking for a book with the painter's name] Albert Marquet... I *love* his work. And they've got some of his. But they're not always on display, in the Courtauld gallery. But it's quite expensive.

It is important to make two points here. First, art appreciation is a pursuit which *requires* corporeal mobility. Viewing art *in person* is privileged as a more authentic experience which is reflected in, for example, Walter Benjamin's (2008) opposition to the industrialised reproduction of works of art. Recent research in neuroscience, which examined the differences between viewing art in person and viewing art by digital mean, concluded that viewing art in person involves a more prolonged observation of pieces (Quiroga, Dudley and Binnie, 2011). Perhaps this is merely a product of their surroundings; galleries are constructed to encourage more 'serious' engagement with works of art and there is the added social pressure of standing in a room full of strangers who are presumably taking the art very seriously. The occasion obliges prolonged engagement with the art, which does not necessarily equate to greater degree of transportation. Nevertheless, this privileging of co-presence with works of art seems to be the driver of Trevor's excitement over the Courtauld gallery.

The second point is a question of the potential of art to engender a transportive experience to the viewer of a piece of art. Urry and Sheller describe imaginative travel as "experiencing or anticipating...the 'atmosphere of place'" in one's imagination, placing affect at the

centre of this concept (Sheller and Urry, 2006). Trevor is in part marvelling at the skill encapsulated in the paintings, which may not be strictly associated with transportation in its technical dimension (appreciating the way a car is constructed is distinct from driving one). However, part of this skill's purpose is creating an engaging scene which can be enjoyed; appreciating the technical skill involved in a painting is also an appreciation of its capacity to transport and evoke⁷. Moreover, his description of the paintings seemed evocative of the Courtauld gallery; his body language seemed to express both the affective potency of the paintings and that he was visiting the gallery in his imagination while describing it.

Figure 3 Manet - A bar at the Folies-Bergere



Figure 4 Albert Marquet - Port of Marseille



Figure 3 shows the painting Trevor explicitly refers to, and Figure 4 is an example of the work of second artist he referred to. One can certainly see how they might possess transportive potential; they at least evoke the scenes they depict, without considering any associations the paintings may have with other places the observer has visited which may be recalled through their likeness to Figure 3 or Figure 4. For those who are versed in appreciating art, as Walter Benjamin argued, the objective is to be “absorbed” by it (Benjamin, 2008). If we consider reading to be an act of non-corporeal mobility where one is transported, then it follows that viewing paintings can also be an act of (non-corporeal) mobility. For gallery-goers, this is perhaps an act of double mobility; one is transported non-corporeally on top of making the trip to the gallery in the first place.

The argument I have presented here focuses on what non-corporeal forms of mobility *do* for people; how people’s subjectivities engage with artefacts which can prompt non-

⁷ This may not always be the case but for paintings like those shown in Figures 3 and 4 it is true

corporeal mobility, how people understand these forms of mobility, what benefits they derive from them, and how they may repurpose them to construct and maintain their identities. This is one way in which mobilities have been studied – as an exploration of the subjective experience of them. We could call this a more micro level engagement with the mobilities paradigm. A second way they have been studied is as a structuring force in social relations. In this understanding, every image, artefact or flow is constitutive of the structuring force of mobility which is globalising and transforming our social relations. As a whole, these artefacts bridge the gaps between distant places across the globe; the social world is becoming more networked and distance less of an obstruction regardless of whether these processes engage with a particular individual's subjectivity. These processes also hold significant connotations for how we view space, as our understanding of it becomes less rigid and bounded. This is more macro level use of the mobilities paradigm.

This distinction between the micro and macro is important because it determines how an object associated with non-corporeal mobility should be treated. Hypothetically, all images, videos, and texts can evoke some engagement with 'metaphorical spaces'. What determines whether this engagement happens or not is the individual's subjectivity. For example Avis, one of the study's first participants, migrated to the UK from Jamaica and had lived in London for a long time. Along with photos of family members both near and far, she had a map of Jamaica on her wall along with other artefacts representative of her country of birth. This network of objects represented and reinforced her connection to Jamaica and emphasised her transnational selfhood. Even though she was unable to fly due to heart problems, her connection remained through that image as well as her relationships with friends and family in Jamaica.

During the interview she received a call on her landline, which I said she could take if she needed. She declined, saying her friend would call back and it would be a long call since she was calling from Jamaica. I voiced my surprise at where the call was from, saying; 'Jamaica?!'. Emphasising her response, she pointed at the map as she repeated 'Jamaica'. That she could speak to a friend on the phone in Jamaica while sitting in her living room with me was a compression of time and space; however, her map also played an important role in this network of relations for her. For me it was merely a decoration until this interaction gave it more meaning.

If a practice and the objects it makes use of is to be experientially transportive, it requires an individual to engage with it and the meanings with which it is imbued. It thus follows

that non-corporeal mobilities are learnt. As Bourdieu (1977a) argued, to great effect, appreciation of art is an activity people have to learn, in part to gain social distinction and accumulate capitals. Non-corporeal travel, then, varies with social status and the forms of capital which accompany it. Those who are able to travel non-corporeally through engaging with literature or art must be versed in the competencies required to decode and value them. Compounding this is that different practices and cultural artefacts are accompanied by differing degrees of validation. Discussing engaging with the imaginary spaces conjured by a Robert Harris or Mary Renault novel (as Helen described to me) is one thing, discussing engaging with those spaces conjured by daytime television is another. The former denotes a far greater grasp of more valuable forms of cultural capital and is thus more beneficial to be drawn upon in conversation.

I have outlined the most notable ways that participants represented their time spent at home, and how that intersects with our broadened understanding of what constitutes mobility. That the link between mobility and commonly sedentary practices like reading was so explicit somewhat surprised me, but it is testament to the importance of non-corporeal mobilities. We also see how these forms of mobility contribute to participants' 'mobility of the self' (Ziegler and Schwanen, 2011); through these practices they demonstrate a continuing openness to new knowledge, meaningful experiences and demonstrating forms of distinction. We can also see how cultural pursuits like art appreciation rely on a nexus of different forms of travel, whereby corporeal trips to galleries are supported by non-corporeal appreciation of images in books, for example.

Finally, although participants did seem to derive genuine benefits from non-corporeal mobilities, many dimensions of corporeal, out-of-the-home mobility seemed irreplaceable. In part this was because, as Urry noted, face-to-face contact is still an essential part of social relations (especially more personal relations). Those who were no longer able to use public transport easily often found themselves estranged from family members who lived in different parts of the country, especially if their family members were also ageing. Maintaining these relationships was frequently part of participants' imagined futures as they advanced through later life. Corporeal mobility was also central to the ambitions and desires participants held which equated to what is commonly described as the third age. It is worth discussing some prominent examples here, which highlight the meanings imbued in leaving the house or corporeal mobility in general, before concluding.

5.6 Irreplaceable losses

The expansion of web-based activities has often been promoted as a means of enhancing the convenience and expediency of performing particular tasks; online shopping and online banking are both appraised on the 'convenience' they afford to consumers (Jiang, Yang and Jun, 2013; Mukhtar, 2015). Much of this convenience, when considered in contrast to 'offline' consumption, is because it makes corporeal mobility no longer necessary. For those who are still active in the labour market, it is easy to see why this is desirable. For older people who have left the labour market and potentially have more free time, however, how does this relationship operate?

The following interview excerpt provides an account from Steve and Jenny, who have begun to use online shopping due to the difficulty of physically going to the supermarket:

Jenny: we've just started getting stuff delivered through a home delivery shopping thing which I don't like...

Interviewer: why don't you like it?

Jenny: I can't see what I'm buying can I! I like to feel things and see whether they're what I want

Steve: you're relying on their choice and not yours

Jenny highlights the sensory and tactile aspects of shopping which are not so easily replaced virtually. By shopping online, all of the interactive elements of shopping - touching, feeling and looking at the things you want to buy, are delegated to the supermarket. Instead you make do with idealised images of products. Although shopping online can be enabling, in this regard it reinforces the loss of agency caused by a reduction in mobility. Online shopping is not, here, presented as a choice Jenny and Steve feel they have made to save themselves time. Moreover, shopping in person takes place in the public realm, and provides the chance for opportunistic social interactions that would not happen in the online space. John, a former publican, highlights these more interactive aspects of shopping when 'out':

When people go shopping, the women that worked in the pub [with me], they'd be out shopping for their landladies, so I'll have a good chat with them you know.

In the following extract, Avis provides an example which highlights that this opportunity for interaction also extends to strangers, saying:

Public transport is there for us to go out, say hello to people, talk about some of your problems listen to some of the people's problems and just be merry.

During the interview and go-along we took, Avis presented herself as someone who would chat to anyone. She made little distinction between the utilitarian purpose of her trips and the social engagement she got from them. This was partially a performance – a demonstration of her communitarian involvement. She also acted out the role in-situ, however, when I accompanied her on a trip, enquiring about unusual situations we observed, greeting one or two passers-by and greeting other older ladies in the lobby of the bingo hall we'd travelled to. In the following quote she also provides us with insight into another element of going out which can promote wellbeing – distraction. She says:

Sometimes I go to Brixton just to get to the pharmacy or something... I go down there for two minutes and I spend three hours. [Laughs]. But it's nice to get out because if I'm sitting here, I'm in pain.

This distraction is obviously largely to do with the prospect of social interaction. However, the following extract from my field notes, describing a trip we took together, provides some idea of the other types of stimulation which occupy the mind:

We walked past the Lambeth office of the London Mutual Credit Union, where there was a huge crowd of people queuing up (the queue stretched out the door). She excitedly started asking people what was going on, they said that they were just queuing up to try and get out money. As we walked on, she explained to me what she thought the problem might be. (Fieldnote, November 2016)

Densely populated city streets and commercial centres constantly produce situations which demand attention, involving nearby people and embedding them within the area. By engaging with the crowd, highlighting the unusual situation and speculating on the causes of it, Avis is performing her embeddedness and belonging in the area and demonstrating her expertise in the workings of the area. Beyond this, simply being in public provides some emotional benefit due to its socio-cultural significance. Demonstrating your mobility, inclusion and place amongst the other people and objects you pass on your journey signifies your continuing sociality and value. When asked whether he ever spends the whole day indoors, Trevor provides quite a strongly worded example of this point:

Trevor: Never. Never... fills me with fear and loathing it would, and self-disgust. Why do that? Ergh, Horrible.

Interviewer: why do you have so much...hatred for the idea of staying at home all day?

Trevor: well it's like giving up isn't it? It's like dying. Surely. You might meet your friends you might meet people you know outside. And outside is life. You can't escape it. People going past, it's life. Just stuck in these four walls somehow isn't life.

The idea that life is something which takes place outside, and to live it you need to go out, highlights the importance of taking part in the public sphere. Rubbing shoulders with other people, the uncertainties and possibilities of being outside and embracing the difficulties of being mobile encapsulate narratives of continuing life. These are all potentialities of a shopping trip. By emphasising his corporeal mobility outside of the house, Trevor is demonstrating his continued role as an active and productive member of society.

Narratives concerning the virtue of leaving the house were often reproduced by family members, carers and support or care workers. Older people who left the house less frequently were discussed with concern. For example, Thomas, a driver at Ealing Community Transport I spent time with, explained how he had tried to encourage his mother to leave the house more. The following fieldnote extract describes the conversation:

We also talked about his own mum, who he had tried to convince to go out more, but she just wasn't the type of person to do so. He knew she was lonely because he'd call her once a day and she'd call him and his sister to chat a lot, but he couldn't convince her to go to a lunch club or anything. He said she had gotten on like a house on fire with his mother-in-law but had just never been the type of person to leave the house to socialise much and never had that many friends. Her and his dad would only ever go out to have a meal once or twice a year on an anniversary or birthday. It's not that she couldn't go out, it's that she didn't want to. (Fieldnote, June 2017)

Thomas understood his mother's lack of out-of-home mobility to be deleterious. He is concerned about her quality of life and has made efforts to encourage her to change. This is in part a reflection of his vocation; as a community transport driver he derived much of his sense of purpose from helping older people to maintain their mobility. The point is that in appraising someone's quality of life, the extent of their corporeal mobility is an important factor. Similarly, Jenny tried to encourage Steve to visit a nearby social club

more, so he at least spent one less afternoon “looking at four walls”. The implication here is that spending time at home is too monotonous and must be broken up. Steve was apprehensive about the club. He did not feel able to engage with prescribed group activities like “sitting round [and] singing songs”, finding them “sort of immature”. This apprehension is in part a reflection of the opportunities for socialising that were available to him. However, it also hints at a more important point. Decisions to engage with social activities and to be more mobile are not simple and involve considerations over whether they are appropriate for ‘someone like you’ (i.e. whether they harmonise with your continuing sense of identity and habitus). Although he may have derived some benefit from attending the club in question, it did not provide the benefits that playing ‘The Room’ did for his sense of enduring identity.

Notions of corporeal mobility continued to be central to participants’ ambitions for later life, despite the importance of non-corporeal practices like reading and engaging with art. Lorraine is 74-year-old with COPD and quite severe arthritis which makes walking and climbing stairs very difficult. The following interview extract, where she describes losing the ability to travel internationally, demonstrates the importance of corporeal mobility to her ambitions for later life:

Lorraine: we’ve got a place out there, in Cyprus.

Interviewer: lovely

Lorraine: yeah it is, and this is what I think is so bloody unfair.... You save up and think when you’re gonna retire you’re gonna spend time out there because I was teaching before and... you just had school holidays. And it’s too hot out there in the summer anyway so we used to go Easter mainly. But we was planning on sort of spending 6 months there and 6 months here [exhales] but then you know, you get ill and just can’t...the illness it... it’s not gonna get any better it’s only gonna get worse....so yeah, I couldn’t go with him this year because I just wasn’t well enough to go.

Her sadness as we spoke about this was palpable; for periods she stared out of the window at nothing in particular. Lorraine’s chronic illness is difficult to come to terms with; in part due to its unavoidable progression. Most relevant to my current point, however, is the loss of her imagined future. This house in Cyprus is a source of happiness for her and her husband (who is originally from Cyprus), not just as a place for them to experience

happiness at, but as the summation of a biographical project. Her sense of wellbeing and quality of life are thus tied into this project and undermined by its complications.

People often made large efforts and strategized quite explicitly about how they could maintain or improve their sense of mobility. In Lorraine's example she focuses on Cyprus, however, making certain trips within London were also important to other participants' aspirations for their lives post-retirement. Furthermore, travel outside of the home was considered an important means of recovering from illness and the disruptions which accompanied it, as well as exercising and maintaining one's sense of independence.

Chapter Seven details the techniques participants adopted to do this. First, however, I will inspect the meanings infused in corporeal mobility outside of the home, which in part serve as the motivation to develop these techniques.

5.7 Conclusion

In conclusion, non-corporeal forms of mobility can provide less corporeally mobile people with resources they can use to preserve a mobile and productive social identity. As they are practices which involve differentially valued cultural activities and artefacts, individuals deploy them strategically in social interactions to attain distinction, which can reproduce class boundaries. It seems plausible that non-corporeal mobilities like reading, viewing art and playing video games can be experientially transportive.

It is also worth recognising the role forms of noncorporeal travel played in helping participants to construct notions of wellbeing. Helen treated the enjoyment that reading had for her as a central element of her wellbeing and one of the great pleasures in her life. Trevor derived a great deal of his identity from painting and art appreciation; he seemed immensely proud of his paintings and completely gratified when talking about art in general. Being able to keep in touch with relatives via phone calls and emails – communicative travel – also seemed important to many participants. Having conversations with friends or family when meeting in person was not possible or practical was, although sometimes treated as prosaic, often treated as a source of joy. The analysis presented in this chapter has also reinforced the narrowness of 'non-travel' as a measure of mobility by demonstrating the importance of home-based leisure activities to older disabled people. This is something which should be kept in mind when the health risks of sedentarism are considered.

Although this analysis has demonstrated that 'non-travel' is not, by necessity, damaging for wellbeing, it has also highlighted some important benefits that 'travel' provides, which cannot be easily replaced by non-corporeal forms of mobility. These include participation in the public sphere and the opportunistic social interactions that arise from this. The following chapter explores this in more detail, focusing on the importance of 'going out'. Exploring the significance of 'going out' will illuminate some of the reasons leaving the house remained important to participants and highlight some of things they gained from 'going out' which could not be gleaned from a quantitative analysis of 'non-travel'.

6 Going out

This chapter explores subjective accounts of leaving the house and appearing in public. I examine the forms of symbolic value attained through leaving the house, as well some of the discourses which intermingle with these symbolisms. By doing this I contribute an understanding of how wellbeing is implicated in mobility, first of all due to the experiential benefits reported from encountering nature and appearing in public, and secondly due to the relational and interactive dimensions of 'outdoor' mobility. I begin by using the dichotomy of 'inside' and 'outside' as a means of elucidating some of these points. This dichotomy represents the distinction between the private and public realm, as well as the distinction between the comfort and security encapsulated in notions of the home, and the insecurity or difficulty which can be involved in navigating the city as an older disabled person. As I advance my analysis over the course of the chapter, I begin to problematise this dichotomy, discussing the way it is breached through, for example, place attachment and informal social ties within one's neighbourhood. This dichotomy of 'inside' and 'outside' provides a useful heuristic for revealing the significance of both corporeal mobility outside of the home and non-corporeal mobility inside the home. However, it also risks overlooking the ways in which privacy and comfort can be situated and more nuanced; just as non-corporeal forms of mobility are not exclusively situated within the home, the public and the private are not exclusively encountered outside, or inside, respectively.

6.1 Discourses of wellbeing

This dichotomy between the inside and the outside, the inside being the home, is a crucial element in the understanding of mobility presented in this thesis. This is in part an assumption which was initially built into the PhD's approach to mobility – everyday travel is treated as a process of leaving and returning to the home each day. Non-corporeal mobility is predominantly spoken about as an activity which takes place when the participant is at home (despite the prevalence of mobile phone usage outside of the home and corporeal mobility *within* the home, for example). This was echoed in the data by participants treating the home as a place of security, anchoring their movements throughout the city. It is this which is one of the foundational tenets of their experiences of mobility as fostering wellbeing. Having a place of security which they had often had a long relationship with to return to after each journey was a precondition which allowed being mobile to engender wellbeing. Therefore, to contextualise some of the discourses surrounding mobility and wellbeing, I will start with a brief scrutiny of the notion of the home.

The distinction between the home and what lies outside in the UK is generally tightly managed. Partly as a result of the country's northern climate, the home is often maintained in separation from the outside world through its warmth, security, privacy and cleanliness. Draughts are treated as intrusions, as are muddy footprints or splashes of water in undesignated places; houses are sealed off from the world. However, the contraposition of this is the stuffiness or staleness of unventilated houses. Fresh air is often treated as a source of vitality and an end in and of itself. Thus, some of the virtues of mobility are entwined with perceived virtues of consuming or encountering fresh air. In the following interview extract, Lorraine (who travels very little), outlines this perspective when talking about the ways in which she hopes to leave the house more. She says:

So we've got this puppy, and my husband goes out to the park a couple of times a day, but he was saying as well because I more or less don't go out, that you get the wheelchair and at least I can sit in that and be with the dog and go to the park and just be out in the fresh air.

In her conversations with her husband, leaving the house is treated as inherently of merit. This is partly a result of how restricted she felt – the desire to be mobile did not need to be expressed in those terms for participants who travelled more regularly. For them, trips became routinized and the purpose of the trip was more concerned with a destination or activity, rather than leaving the house itself. This was dependent on how content they were to occupy themselves at home (or as the LTDS termed it, engage in 'leisure at home'). For those who emphasised the importance of travel more than others, going out was represented as something to do in opposition to spending time idle at home. Andy and John, a couple from south-east London, described going out for lunch as a "way to pass the day", for example, as well as being something they both enjoyed. Any discussion of the importance of wellbeing to mobility must thus begin with an acknowledgement that leaving the house is often treated as a worthwhile endeavour for its own sake. This is often taken for granted. However, through another common discourse its importance is often expressed more explicitly.

Fresh air and flowers

The discourse which most clearly indicates the relationship between corporeal travel outside of the house and wellbeing centres on the salubrious potential of encounters with elements of nature or more natural environments (i.e. those with a greater density of trees, flowers and plants). This discourse positions specific visits to parks or other

designated natural environments as contributing to wellbeing, however, it can also merely invoke, for example, the trees which line the pavements of suburban streets. In the following extract Trevor, who previously described his commitment to leaving the house every day, draws upon the example of encountering nature to support his perception of the importance of leaving the house.

I buy something every day. But it might be just the paper, or to be sociable a bit. It's not like I particularly need it, but it gets me out. And I want to get out. When I see that outside, I've no idea about trees, but look at that beautiful blossom [he points to a tree starting to blossom out of the window]. It cheers you up no end. It really does.

Along with the sociality of leaving the house (although he did not profess any inclination to strike up conversations with strangers), Trevor cites the beauty of the blossom as bringing worth to his excursions from the house. Like most other participants he requires an instrumental purpose for his trips, despite his admission that leaving the house is an end in itself. Buying a paper or enjoying social interaction provide reasons for leaving the house, however, encountering nature (or its pleasing aesthetics) bring an additional richness to the basic virtue of travel. The appeal of nature also led other participants to alter their journeys to maximise their interaction with the natural world. This was especially the case on sunnier days. On the trip Olivia and I took to the Victoria and Albert museum, she mentioned that she would often get off the tube a stop early on the way home because it meant she could take a nice walk back to her house through a wood. Nevertheless, if she felt tired or it was raining, expediency took priority.

Some of nature's appeal is aesthetic. The following extract, from an interview with Annette, highlights this:

If we do go [to Church] on Sunday we get the 236 around the corner to Queensbridge Road and then we walk through Albion Drive through the back way because we, well Alan, likes to look at the posh cars, and the flowers when they're out.

Here flowers take on the role of an aesthetic subject. This is also visible in Trevor's account, although he perhaps places greater emphasis on the capability of blossom to lift one's mood than one would on an ordinary aesthetic subject. This construction of nature as a worthwhile 'trip purpose' was also utilised by other participants.

Few participants expressed any interest in going for walks as a form of leisure. This was in part due to the difficulties many of them faced in walking, but also due to disposition. The following exchange from Jenny and Steve's interview expresses this:

Interviewer: would you ever just go to the park with the mobility scooter?

Steve: No, I don't go to the park no

Jenny: No, I don't think he would do anything like that

Interviewer: just not interesting for you?

Jenny: I'm afraid I'm not one to, I don't like anything like that. If I'm going I need to have a thing to actually do.

For participants who did walk for walking's sake, however, (for example as a means of exercise or a reason for leaving the home), visiting a park provided them with a useful reason to do so. Here James, a stroke survivor in his early seventies, cites it as an additional activity he performs on top of his habit of buying a paper every day:

Well I go out and get a paper every day anyway. But then otherwise, I go shopping or something or I go for a walk round parks. I go to Highbury Fields, I go to London Fields, and I go to Clissold Park.

Parks represent a viable destination to visit for their own sake. They can also provide spectacle, which George touches upon in the following extract:

Sometimes I get up in the morning and I go and take in a lot of gardens, I mean parks around our house. I take half an hour walking, so it is part of exercise. You may say fun as well I enjoy it so it's a double purpose; I enjoy the walking and I enjoy it as part of the exercise.

For George walking is enjoyable both as a mechanism to achieve exercise and as a social practice imbued with meaning. The park is a scene or environment to be 'taken in' – although George does not specify the particular aspects he enjoys, we can take his accidental description of parks as gardens as some indication that he enjoys their trees and plants. Nevertheless, his enjoyment is constructed through his interaction with the park through the medium of walking. Shortly before this he described how he had previously exercised in a local gym but abandoned it in favour of walking and using an exercise bike in his garden. He felt confined in the gym, describing it as a 'prison-like scenario'. This emphasises the significance of being outside as a vehicle for the performance of mobility.

6.2 Normative expectations

Walking and morality

Walking is symbolically and morally charged. In his critique of the intrinsic value of walking, academic and disability activist Mike Oliver (1993) emphasises the moral characteristics of walking, or rather the moral characteristics bestowed by an ability or desire to walk. Those unable to walk, or unwilling, are excluded from this possession of moral worth and constantly reminded by its cultural centrality through tropes in pop music and idioms. Moreover, walking is embedded and situated; its significance is contingent upon the symbolic landscapes and contexts in which it is enacted (Green, 2009). Thus, in his discussion of walking above, George is not only demonstrating that he meets societal and moral norms but projecting his value (as a self/individual) through his ability to appreciate the significance of walking (both as a form of exercise and as a practice embedded in the park – a managed but natural environment).

Nevertheless, parks or open spaces do not always hold these connotations. When comprising part of a difficult journey, an uncomfortably long walk for example, parks did not seem to hold this potential for the achievement of wellbeing. The same applies for being outside in general, the significance of leaving the house was often obfuscated if the participant travelled more easily and regularly. However, even for those who enjoyed spending time at home, leaving the house was treated as a basic tenet of a fulfilling life. In Trevor's words, "there's no substitute for fresh air".

Thus far I have focused on the positive connotations of the outside, although I have hinted at some of the negative connotations of being inside. I would now like to explicate them more clearly. George's description of the gym as a 'prison-like scenario' demonstrates the potential for the inside to be confining. He speaks specifically about exercise, making the association that it is something which takes place outside, however, his point applies more generally. Others referred to being at home in similar terms, for example being 'cooped up' or 'stuck' at home. This is partially a response to the deprivation experienced through the impact of impairment and chronic illness - no longer being able to visit certain places, for example. However, it is also a reflection of the symbolic ramifications of spending longer periods inside.

In considering the notion of the outside to be interlinked with things like nature and 'fresh air', we can view it in opposition to the potential staleness of stuffiness of the home. An interesting means of further examining this opposition this can be borrowed from the

sociology of class. Lawler draws on Bourdieu's assertion that social identity lies in difference to describe the ways in which expressions of disgust reveal that 'middle-classness' is constituted through the expulsion and exclusion of 'white working-classness' (Lawler, 2005). Lawler draws on George Orwell's (1937) famous quip that class distinctions can be summarised through the notion that 'the lower classes smell' to exemplify her argument, thus alluding to the visceral dimensions of distinction and disgust (Lawler, 2005).

Following on from her analysis, we can understand the aspects of identity intertwined with mobility as constructed through opposition to immobility and sedentarism. Just as the oppositional and symbolic undercarriage of classed subjectivities are revealed through notions of 'disgust', the importance of mobility as a marker of adherence and appreciation of moral and cultural norms is similarly revealed. This is why notions of 'fresh air' and nature are important. Not only do they reveal the forms of distinction gained by partaking in particular practices (like going for walks or appreciating the natural world), they also reveal the ways in which people perform the normative expectations of personhood. Hence, when Trevor says the prospect of spending the whole day inside fills him with 'fear and loathing', his disgust can be contextualised as a visceral dimension of the oppositional construction of a mobile subjectivity.

I do not mean to say that more mobile participants were disgusted by those who are less mobile than them, or disgusted by their own relative immobility. Although Oliver is right in highlighting the symbolic violence inflicted upon disabled people by normative notions of the body and their accompanying moral significance, there is some leeway (at least regarding the reproduction of these notions in social interaction) when someone is simply unable to do something. That is to say, there is nuance in the extent to which someone can be directly held as personally responsible for their failure to meet these moral standards, or what Skeggs describes as the "dominant symbolic" (Skeggs and Loveday, 2012). This notion does, however, afford us greater understanding of the sense of value which is bestowed by mobile personhood.

By being mobile or leaving the house, you are indicating your devotion to normative notions of virtue and attaining a demonstrable possession of wellbeing and quality of life (through participation in cultural tropes). This is especially the case for those who are performing a 'recovery' from an illness. As is evident in Oliver's account of walking, mobility [through walking] is central to the demonstration of moral adequacy after disability estranges one from society's moral expectations. Thus, when Avis told me that she "did not

go to the shop, pick out and buy [her] stroke”, and emphasises her resolve to continue with life despite the mobility impairment and pain she experiences because of her stroke, she is also helping to constitute a boundary between those who are more and less deserving of being held to blame for the extent of their mobility⁸.

6.3 The public outside

Recognition

Mobility in the city was often treated as an inherently social experience by participants. The boundary of the home represented the threshold of the private realm, beyond which was public. Richard Sennett (1986) describes the public as the realm of social life beyond the family and close friends, where the individual encounters strangers or acquaintances. It is also significant that he traces the use of the term historically, highlighting its roots in notions of the ‘common good’, and the subsequent connotations it accumulates as being that which is visible for general observation and open to scrutiny (Sennett, 1986, p. 16).

Sennett is predominantly concerned with the changing character of public space in the city and its wider connotations. Other sociologists have followed his lead with their interest in the impacts upon individuals of these public spaces restricted to the uncomfortable, yet beneficial, experience of encountering difference in public space (Goheen, 1998; e.g. Bodnar, 2015). Moreover, others (e.g. Hirschauer, 2005), expanding on Goffman’s (1963) work, have focused on the ways in which people manage and ‘reduce the complexities’ posed by living in ‘a world of strangers’ (Kim, 2012).

When Trevor told me that he leaves the house every day to buy something, sometimes just ‘to be sociable a bit’, the potential interaction with shopkeepers is part of it. However, he hints more generally at the wider experience of being outside in the city. Trevor proclaimed a disinclination to speak with strangers in public and was sceptical of the potential for opportunistic interaction in public places. He is not referring here to opportunistic interaction in terms of conversations. Rather, being outside in a city like London involves almost constant forms of communication with others. Much of this is non-verbal; it may employ body language or perhaps concerns the unthinking choreography of navigating city

⁸ It is important to note, however, that there was some variation of this factor by age and condition. Older participants facing the advance of conditions like dementia seemed less concerned by the need to demonstrate a recovery or dedication to recovery, and some of the outcomes of impairment were accepted as an inexorable outcome of ageing.

streets and sharing space with others. An example from my field notes will help to illuminate this.

In June 2017 I attended a meeting of the Lewisham Positive Ageing Council, an organisation providing a means of collective action, campaigning and socialising for people over the age of 60 in the borough. For this particular meeting, representatives from Transport for London and other transport organisations were there to engage with the group about the issues older people face. When given the opportunity to raise points with the Transport for London representatives, a large proportion of the points made were complaints about the way older people were treated by other passengers. These were predominantly concerned with other passengers occupying the priority seating intended for older and disabled passengers, and their failure to offer the seats to older passengers. This formed part of a more general issue of the lack of priority attendees perceived that older people received – for example people rushing onto the bus in front of less robust older passengers and drivers not lowering the bus to curb level or being careful when accelerating away from a stop.

I can think of few occasions when these complaints were not raised when I encountered discussion among older people about their experiences of transport. This was not to say that their experiences were unfounded, rather that the view is widely held and can form somewhat of a trope in discussions of public transport. Sharing common complaints about transport can be a means of establishing common ground between older people, for example. Back in Lewisham, after the majority of those points had been made, an older woman stood up to recount a more positive story. My field notes broadly capture her point:

She said she wanted to give gratitude to the people of Lewisham because they always give up their seats for her. And the other day she was getting on the bus by the clock tower and a crowd of people parted to let her onto the bus. Some people next to her shouted - “stand back, let her through”, and everyone told one another to make way. She was allowed to board the bus first, through what she described as a ‘guard of honour’.

This lifted the mood in the room somewhat, and I noticed a few attendees turning to each other and commenting on how nice an occurrence it was. Peggy, the chair of the meeting, then said that we often get too caught up in our negative experiences and forget to give praise where praise is due. Murmurs of assent spread around the room. First, to recall the

original point of this example, each person in the crowd that gave way to the woman interacted with her in some way without necessarily looking or speaking to her. Moreover, she interacted with the group as a whole (or collective). Most significantly, and part of the reason this example was received so positively in the meeting, was the recognition that she received from the crowd. She was witnessed, acknowledged, and recognised as a subject of value, worthy of courtesy and priority.

Honneth's (1995) theory of recognition provides us with a useful means of contextualising this. His focus is on the grander forms of conflict and struggle which have taken place over previous decades. He posits misrecognition - a denial of one's moral and social rights - as the basis of all conflict between individuals and social groups. Two elements of Honneth's understanding of rights are relevant here. The first is self-respect, which is concerned with whether a person feels as if they are afforded the 'universal dignity of persons' (Honneth, 1995). This is closely linked with the second, self-esteem, which describes one's sense of what makes them special and unique.

This lack of recognition, or misrecognition, goes some way to explain the strength of feeling about older people not being able to access priority seating. It makes travel more difficult, for some almost impossible, but generally does not preclude bus use. The issue that prompts such strength of feeling is the lack of recognition and disregard for moral and social rights presented by being prohibited from claiming the priority you are supposed to be afforded. The example of the bus stop by the clock tower is comparatively a resounding endorsement of your self-esteem, and an emphasis of the respect, courtesy and priority you are entitled to as a senior *citizen*.

Although civil inattention is par for the course on public transport in London, complaints often centred on being *unrecognised*, that is to say ignored, by other passengers. This often took form through concerns over the prevalence of smart phones and headphones, which ostensibly abstracted travellers from their surroundings. We can contrast this with the more strategically deployed forms of civil inattention which, although often mistaken for ignorance, are subtle demonstrations of one's awareness of others and contain cues of how to manage potential confrontation or misunderstanding (Goffman, 1963). This again reveals the subtlety of much of the interaction which goes unsaid during everyday urban excursions.

One of the things most difficult to manage about go-alongs on buses and trains, as a researcher, was maintaining a focus on the trip and the participant while managing the

interplay between myself and other passengers. For example, I would stand as the participant sat in a priority seat, allowing another older passenger to use the priority seats next to and behind the participant. This put me directly in the flow of passengers from the front doors to the stairs and back of the bus. Not only did I have to acknowledge and adjust myself to allow others to pass me, I had to be aware of when other passengers got up from nearby seats. Moreover, I had to breach the convention of moving down the bus to accommodate other passengers. I thought it best to remain close to the participant, so forced others to squeeze past me, something which was occasionally met with tuts or slight glowers. All of these interactions involved some recognition of the other person and their right to use the bus and travel unencumbered. Those of us who have held doors or had doors held for us will know that aiding another's movement through the world is an often-appreciated gesture.

Scrutiny and the public gaze

Another important aspect of the public, or the outside, is the openness to scrutiny Sennett mentioned. Appearing in public entails exposing oneself to the social and moral standards of others and inviting scrutiny of your adherence to these standards. This is a double-edged sword. Failure to meet the moral standards of the public gaze poses a challenge to one's sense of wellness in the outside. Success, however, constitutes a sense of inclusivity which promotes one's sense of value. The wider point here is illustrated well by Mary who, when speaking about the aftermath of her stroke, said:

I lost confidence, and I was embarrassed and uncomfortable going out. I was happy to hide at home

She is referring here to the changes in her physical condition and appearance wrought by the stroke. These reflect changes in the workings of her body; her gait, her speech, and her ways of enacting corporeal mobility. As Sennett notes, in a milieu of strangers, those who witness one's actions have no point of reference with which to judge them by. Appraisal is thus contingent upon how one behaves – “talks, gestures, moves, dresses, listens” (Sennett, 1986, p. 39). Perhaps the most telling reading of this excerpt is found when we consider *who* or *what* Mary was ‘hiding’ from. She may be referring to friends and family, some of whom will have constituted a trip purpose for her travel. However, her point seems more general. She is talking about being in public and being a subject of the public gaze. Value must be enacted and performed, much of which takes place through the

assumptions of 'roles', i.e. "behaviours appropriate for some situations but not others" (Sennett, 1986, p. 33).

In 'advanced liberal democracies', the dichotomy between independence and dependence is one of the most prominent mechanisms through which respectable personhood is constructed. Neoliberalism demands self-sufficiency 'as a moral ideal' (Butler, 2015, p. 14). Thus, receiving welfare benefits is constructed as 'scrounging', a supreme moral failing (Fraser and Gordon, 1994; Bartle, 1998; Pykett, 2014; Heeney, 2015). Individual autonomy is paramount to personhood. It is this autonomy which is under scrutiny when individuals move through the city. When older people enact the *role* of the passenger or the traveller, they are obliged to enact one of independence. As Fine and Glendinning note in their analysis of care and dependency, displaying dependency in the public realm is perceived as 'shameful' (Fine and Glendinning, 2005, p. 606).

This is something that I go on to explore in subsequent chapters; the importance of 'in-trip security' – feeling secure while travelling - is closely linked with feeling that one's independence remains intact. What I want to emphasise here, however, is the performative nature of independence, and the value which is assumed through its performance. During go-alongs, participants often seemed to take great pleasure in demonstrating their knowledge of their local area to me. This was in part mutually constructed; going on a trip with someone else (who is also interested in you and your habits) can be pleasurable. However, there also seemed to be a sense of pleasure derived from performing the competencies of mobility. Not only were they demonstrating their ability to be mobile but also their ability to move through the *outside world* (which is distinct from the skills required to be ambulant) and stake their own claim to fragments of the public world. Thus, you can be witnessed in meeting people's expectations of moral value (or rather, witnessed in the performance of these expectations) and also receive *recognition* for that ability.

Finally, we should note that the inside, the home, holds connotations of being a place for withdrawal and passivity. The outside was often represented as a place for interaction. This was in part a result of the household structure of participants. The vast majority of participants lived either alone or cohabited with a partner. Of the few that lived with family members or carers, the home was organised in a way to give each party a greater sense of privacy. Of course, participants can have visitors, and maintain active social lives through that, however, the home remains signified as a space for disengagement. If one desires

peace and quiet or time alone (depending on their family life) the home is the place where that can be achieved. Resting after a particularly exertive trip, for example, involved spending time at home. The symbolic passivity of the home is represented in turns of phrase. 'Sitting at home' was presented as a negative state with which the individual could contrast their habits with - "I'm not just sitting at home in isolation", "I don't like being stuck at home twiddling my thumbs". Being in the home alone was a scenario that could be provided as an example of a truly inhibited life to contrast the participant's own with, thus demonstrating their life's richness or value.

Thus far, I have presented a more individualised view of everyday mobility. I have discussed the symbolic significance and connotations held by crossing the boundary of the home to undertake travel alone or with one's partner. This analysis has somewhat presented the self and the social as distinct spheres, separated by the boundary of the home, which is perhaps overly individualistic. I have looked at the way participants performed wellbeing through engagement with narratives about the salubriousness of the outside. My discussion of the encounters with the public which are entailed through travel outside have been less individualistic; partaking in performances of recognition and moral standards are somewhat collaborative. However, the relationship these processes have with wellbeing is based more around notions of individualism; appearing independent, for example.

As Taylor (2011) has argued, we should view wellbeing in a more relational manner; dichotomies can only take us so far. Commonly used measures of wellbeing tend to be based on assumptions that individuals are responsible for pursuing activities or forms of self-improvement which enhance their quality of life (Edwards and Imrie, 2008). Taylor (2011) argues that wellbeing should instead be viewed as relational, as it arises through intersubjective relations which are temporally and geographically situated. As such, it can also be viewed as contextual. Individualistic conceptions of wellbeing and agency, on the other hand, are limited and help to constitute notions of individuality which Edwards and Imrie (2008) argue marginalise disabled people. Nevertheless, they are also often the principles through which selfhood and value are constructed, as well as protected in later life.

As a researcher studying wellbeing you are faced with the dilemma of whether to embrace these notions and operate on your participants' terms or adopt a more critical view of them, co-opting a dogma which will likely become complicit in their marginalisation. The former entails staying truer to your participants conceptions of wellness but risks

reproducing these damaging conceptions of personhood. The latter somewhat forsakes that to focus on a more ultimate goal of emancipation from misrecognised notions of personhood. I have tried to tread a path in between, respecting participants' conceptions of wellness while demonstrating there is more nuance in the way personhood, ageing and disability are enacted in public. The following section will advance this point by providing examples of how mobility and wellbeing are constituted relationally, often simultaneously with more individualised notions of wellbeing.

6.4 The co-production of mobility and wellbeing

The bus as social space

Looking at the outside as the public sphere lends us a useful means of examining more collective notions of wellbeing. As Bissell notes, mobilities are "rarely experienced alone or in isolation from other people" (Bissell, 2010). We can therefore look at the specific configurations and assemblages which arise through mobility to reveal some of its interconnectedness with wellbeing. Engaging with the public while being mobile outside of the home can, because of these assemblages and configurations, be seen as a communal means of enacting and helping to generate forms of wellbeing as well as the necessary conditions for their enactment.

A good place to begin this analysis is by exploring the potential of public transport to establish a forum for the generation of collaborative forms of wellbeing. In contrast to the automobile as a 'quasi-private' space which moves through the city (Urry, 2004), buses (and also trains to a lesser extent) are public spaces which not only move through but comprise a part of the city. A neighbourhood's bus routes are written into its fabric; becoming part of its landscape and social and material constitution. The following extract from Pamela's interview transcript, where she is describing what she misses about taking the bus, demonstrates this well:

It would be nice to be able to take buses just to go around locally to things. Taxis are fine, but you've got to plan how you're going to get back again and all that kind of thing, whereas the bus there's no problem. Of course, it's cheap, I've got a bus pass, but I mean I've not got any money worries which I'm thankful for. And it would be nice to get around.

Taxis require planning; buses do not. Just as Simmel considers roads to freeze movement into solid structure (Simmel, 1994), buses reify specific movements and trips. Their routes

are unnegotiable and are inscribed through bus lanes, stops and junctions which bestow them special allowances. Bus passengers are unable to influence where they will alight (save for getting off a stop earlier or later). Taxi passengers and drivers are condemned to be free in this regard, if they can find a place to park at all. Where longer walks are problematic, it is important to know the route ahead more precisely. Taking a bus provides passengers with this capability; driving or taking a taxi does not necessarily entail being able to park or alight in any particular place – it is contingent upon the availability of parking spaces and the density of other road users.

This point will become more significant later in this chapter; for now, it is simply important to note that buses, as a form of public transport, are not only public in name. At least for older people, they can be important social spaces in which to ‘dwell-in-motion’ (Sheller and Urry, 2006), and generate forms of wellness in conjunction with others. Avis was the most enthusiastic proponent of this viewpoint I encountered. She posited relational understandings of wellbeing emphatically, of which the following interview extract is an example:

Public transport is there for us to go out, say hello to people, talk about some of your problems, listen to some of the people’s problems and just be merry. Well that’s my interpretation of public transport you know. Cause I grew up in the 60’s and it was nice in those days – “good morning”, “Hello”, you know. When I go on a bus now and I say, “good morning driver”, they look at me like I’m from out of space, you know. But that’s the way I was brought up.

From this perspective, public transport is just as much a place for meeting and interacting with others as it is a means of travel – Avis later spoke about going out for the day just to spend time on public transport. That she mentions both sharing her own problems and listening to other people’s problems emphasises the reciprocity of the interaction; Avis understands the benefits to be mutual. She later described almost missing her stop because she was enjoying chatting to other passengers so much, reinforcing the potential of these interactions to promote wellbeing.

Interestingly, she also invokes a generational distinction in this view of public transport as a social space. This could be a function of age; many participants were less concerned about the speed of travel and notions of safety and independence were often more important. Avis also seems to present this form of sociality as a demonstration of shared values. Later in her interview, she discusses these interactions as predominantly involving other older

people – ‘old boys and girls’. This is an important part of the way in which this form of wellbeing is constituted. As I will demonstrate, these conversations-in-motion provide a pleasurable means of sharing experiences of ageing. Avis reported predominantly speaking with strangers, although she would develop familiarity with some people she saw more regularly. The emphasis she places on shared values can thus be seen as a means of relating to and establishing common ground with other older people. Moreover, these principles help to provide older people with public roles to enact when on public transport. Avis provides an example of this in the following extract:

I remember one day this lady had her son and her little daughter, and he was in the push chair. And he was screaming and crying and trying to get out of it and she said ‘no, you sit there’, and then all of a sudden, I said ‘well done, I’m pleased’, Because most parents allow their children to dictate to them and that is not nice because that’s how they grow up to be manipulators.

Not only does this script concerning politeness and communality in public provide older people with a means of interacting with one another, it provides them with a public role of upholding moral standards. This may of course have been somewhat overbearing of her in the younger woman’s eyes. For Avis, however, this seemed to be a pleasing interaction. It should also be noted that she was somewhat performing this role to me too through her emphasis of the importance of discipline in parenting; she not only discussed this in the above passage but also in her dislike of sharing buses with schoolchildren.

The affective atmospheres of wellbeing

An example from a go-along I undertook with Mary provides a more situated demonstration of the bus as a social space. After meeting at a café on her local high street, Mary and I walked to the nearest bus stop, on a quiet backstreet running parallel to the high street. We marginally missed the bus, with the next one leaving an hour and fifteen minutes later. Although it was a cold day in mid-November, Mary seemed unconcerned by the temperature, not bothering to zip her coat up. I, on the other hand, was moved to stand up and jump up and down once or twice to keep myself warm. As the time the next bus came approached, other older people began to arrive at the bus stop, having timed their arrival better than us. As they arrived – some of them on their own, one or two with partners – they made eye contact with other people at the bus stop and smiled if their gaze was met.

Mary introduced me as her friend to one of the women she was familiar with (because they lived close to one another) and they began chatting about methods of saving money on heating bills and so forth. This conversation was somewhat open to the other people waiting, however, and remained so after we all boarded the bus together. The following field note extract explains in greater detail:

The interesting thing was that the conversations one has in this sort of environment were both private and public at the same time. We were talking, but another woman, who Mary spoke to about heating etc. was also sort of involved in the conversation. And the other older people on the bus were also sort of welcome to chime in, even though they generally didn't. One or two did smile when a joke was made though. The conversation was kind of neither public nor private.

The bus was quiet; the only passengers were those who had been waiting at the bus stop. The bus was single-decked, a model which is generally only used for less busy routes which take more round-about routes through the city. Bus drivers I interviewed would later refer to them as 'community routes'. As such the atmosphere inside the bus felt less impersonal, and more affable. I wondered whether it would have been more so had I not been there.

Drawing on Bissell and his analysis of affective atmospheres on public transport (Bissell, 2010), we can contextualise this openness. Although older people do also travel at busier times of day⁹, much of their travel is done between 9.30am and 3pm. Buses are less busy, there are fewer people coming and going, and in this case single decker buses do not have the flow of people to and from the top deck. Traffic is also sparser during these hours; unexpected delays and painstakingly slow crawls through particular junctions or stretches of road are less likely. The affective atmosphere of the bus, and the manner in which the space itself is constituted, is thus starkly different. Bissell highlights the 'small acts of violence' - pushing, cutting up etc. - which flair up during commutes. Mid-morning or early afternoon bus trips are comparatively pacifistic. The bus is less claustrophobic, more personable and thus more encouraging of interaction.

By examining the affective atmosphere of the bus, we can gain an understanding of the relationship between wellbeing and mobility in which agency is not central. This manifestation of the bus as a site of mutual wellbeing emerges through an assemblage put together by more structural circumstances (the temporal organisation of work and

⁹ The Freedom Pass, unlike its counterparts in other areas of the UK, allows travel at any time of day.

education for example) and dispositions (for example older people wanting to avoid rush hour). Within this space relationships are built and mutual forms of support are forged, contributing to forms of wellness which are situated and relational. The quote below presents Mary discussing her interactions with other people on the bus. She told me:

I was even giving myself a talking to recently saying even if you're really fed up and haven't got any money, go on the [bus]. Even if you go out once a week and don't buy anything, just getting on the bus...they always chat at the bus stop... There are regulars and because of the area there seem to be a lot of retired people. So, we talk to each other. And there are young families, and also kids of secondary school age, the youngsters on the buses are really courteous and helpful. In fact, going on the bus is a much more social way of going about things than it would be if I drove. If I drove I wouldn't really talk to anybody. I might swear at other drivers, but I wouldn't talk to people. Yes, it is, it's a bit of a lifeline. And also, we look after each other. And people will comment, oh we haven't seen you in a while are you alright?

Here, in a sense, she responds to the opportunity to partake in this form of wellness by considering making a more conscious individual effort to acquire it. I could not say whether she follows through on this thought, but it demonstrates that Mary at least considers her wellbeing to be a project to be worked on and negotiated. The bus can provide a free and welcoming space in which to do this. She contrasts it with the 'quasi-private' nature of the car, which is only breached through anger, and also indicates that being among other social groups is desirable. Receiving the courtesy of 'youngsters' begets recognition, and simply dwelling-in-motion with young families seems to be experienced positively. The relationships with other older people she talks about seem to be looser than those we would consider part of the private realm, following Sennett's distinction (1986). However, the support and care Mary identifies in the bonds between them seems more intimate than public. Perhaps they are merely forms of courtesy. Nevertheless, we should not overlook the significance of feeling 'looked after', and 'looking after' others.

That these relationships did not fit neatly into Sennett's categories of public and private can be seen as an indication of something more significant. These relationships are just one of the connections which rupture this boundary between the public, that of the outside, and the private, that of the home. The bus can also be seen as a site for another factor which does this, something which is also evident in Mary's account. This is the way in which routes can construct a village within the city.

Constructing the village

Due to the routines and familiarity that develop through moving through one's local area, the local area becomes distinct from the wider outside world. Encountering the same environment and the same people in that environment helps to mould the vastness and openness of the city into more bounded compartments. Although I have discussed Mary and Avis' experiences on the bus in terms of the benefits they gain from the interactions they have, these interactions, and the knowledge that they can freely take place, provided participants with a means of enacting their attachment to place. The way Mary spoke about her and the other retirees was an example of that – they were a collective. This also seemed to exist where there was less direct interaction between people. In the excerpt below, Annette likens her local single-decker bus to a village bus because of this. She said, rather fondly:

You do tend to see somebody [often] it's a bit like a village bus I would say the 236. I mean the people round here, everybody uses it you see really. Everybody does I would say. Apart from the young you know... but everybody that's sort of my age uses it.

Likening the 236 to a village bus is a way of delineating the people of the area from the strangers of the wider city. Place is constituted by flow and relationality (Jensen, 2009). Moving through a place is thus not only an enactment of it but also an enactment of your attachment to it. Annette here pays especial attention to the inter-human dimensions of this. Repeatedly encountering the same people produces a sense of common ground with them; you both regularly occupy the same spaces and generate the same flows through the urban landscape. Anette summons the notion of the village, evocative of stability, timelessness and an absence of the unknown. This rhetorical construction has of course been challenged by mobilities researchers (Goodwin-Hawkins, 2015), however, for Annette it seems to be a means of expressing her sense of comfort and common ownership of the area. The local area, as a community, is enacted through the bus.

This sense of comfort also manifested as an increased experience of safety or security when outside. Julie demonstrates this in the following extract:

Julie: I find when I get in a taxi, I'm on my own, and I feel a bit nervous. I've got a... [Taxicard]; I can come here by cab, but I prefer to use public transport because it gets me walking and I've got a pacemaker, so I've got to do a certain amount of walking. So, it gets me walking and you see people you know, you chat. Whereas

[if] you get in a taxi, you come here [a dementia support group] and you sit in a taxi you go home you haven't spoken to anybody you know only the people that are here, see what I mean? If I was going shopping I would meet people on the bus.

Interviewer: is this people that you already know?

Julie: yeah.

Julie feels nervous on her own, isolated with the taxi driver in a 'quasi-private' space. On the one hand she demonstrates a mistrust for strangers (like the taxi driver), but on the other hand she derives a sense of comfort from being in public. Julie, and the other people that attended the dementia support group I met them at, were all strongly attached to the local area. They also generally indicated a sense of vulnerability, which seemed in part due to their dementia diagnosis and the concern that caused family members. Julie's point here is interwoven with her concerns about getting enough exercise. However, on top of that, she suggests the presence of other people to be reassuring. Moreover, she makes a distinction between the people she meets at the support group – relationships formed through mutual diagnosis – and the people she meets on the bus. The latter constitute, in her account, a 'community' in a way that those in the support group do not. The support group in this sense amounts to more of an 'outside' than those on the bus do.

Attachment and the fixities of place

Finally, we can look at the relationships older people make with the more fixed dimensions of place. These are significant as an aspect of their everyday lives, both in terms of their direct physical contact with the buildings and built environment in frequented places but also as features of their imaginative mobility. Co-presence and interaction with both the human and non-human dimensions of place are another manner in which the dichotomy of the inside and outside is undermined. Home is not only a sensation which is experienced with the house.

Barbara is a visually impaired woman in her early seventies. She lives alone in Surbiton, a suburban area near London's south-western edge, not far from the larger and more historic town centre of Kingston-upon-Thames. She moved to the area in the 1980's to live with her husband, who had died a number of years before I met her. She became visually impaired gradually and had been trained in using a white cane, which she had been doing for the past three years. Blind and partially sighted people interact with their surroundings using different senses and ways of understanding than those reliant on visual interaction.

Barbara's knowledge of the area was a mixture of the ways in which she encountered it before and during her sight loss and her current means of interacting it. She enjoyed sharing it with me; pointing out impressive and notable buildings from the window of the bus, keeping track of our journey through the twists and turns of the bus's route.

This came to a head as we arrived into Kingston-upon-Thames town centre, to check if John Lewis had some bed sheets in the right colour. As we walked up to the main shopping area, she pointed out a statue of Queen Anne, the historic market and another monument. Barbara was pleased by my surprise at the age of the market and of Kingston as a whole and, smiling, told me she was very proud of Kingston even though she hadn't been born there. This pride was imbued in her passage past the area's landmarks and enacted through her interactions with me. Her ability to share it, and gain pleasure from enacting and sharing it, was dependent on the two of us converging on that historic street.

Her attachment also extended into the looser personal relationships which Mary described. Most of the older people with more visible disabilities I met gave the impression of being plagued by well-meaning people who made too much of a fuss over helping them or trying to be of assistance. Barbara's familiarity at her local pub meant that she did not have to put up with people being intrusively helpful, even though other regulars would offer her smaller bits of assistance. Through the longevity of her informal interactions with people there, other regular patrons had come to understand when and how she preferred to be assisted. This is, in a sense, the strength of weak ties; although she described herself often spending time there alone, these bonds had developed through repeated co-presence. The boundary between one's private and public self is not just dictated by the boundary between the inside and the outside; it extends into the outside realm and must be managed accordingly. If you appear to be someone who might need some form of assistance or care, then you must also be prepared to defend your independence in the face of unnecessary assistance. For Barbara, her local pub is a place where she can rely on the familiarity with others she has developed over the years to avoid the hassle of others interfering. In busier public places this is often not the case.

A problem worth noting here is the flux of the global city. The networks of meaning which form through attachment to the fixities of place and the symbolisms attached to local areas are vulnerable to the constant remaking and reformulating undertaken through the processes of gentrification, regeneration and redevelopment. This was somewhat associated with spatial inequalities; those who lived in more affluent and often more

historic areas, for example Highgate and Blackheath (both of which, incidentally, are described as 'villages' in their centres) were less vulnerable to swift change and redevelopment. Some of the members of the Lewisham dementia support group Julie belonged to however, were moved to taking taxis to the group because of the disruption the 'Lewisham Gateway' redevelopment had brought to the local area. My trip with Barbara was complicated by building works which directed pedestrians through specific channels in the high street and created noise which obscured the echoes of her stick as they bounced off nearby walls. Ageing in place can be difficult when 'place' is not fixed.

Trips and travelling together

A final consideration in the collaborative construction of wellbeing are the differences in travelling alone and travelling with other people. On the one hand this can be a means of support. Barbara for example is reliant on her memory of environmental features (curbs, roads, uneven sections of pavement) and the echoes from the tapping of her white cane to know where she is and to navigate. The only remedy to getting lost is to ask bystanders to help, who she told me were always obliging. Conversely when her sister visited her, and they went out for the day, she explained that she did not mind getting lost because they could work it out together. This gives a hint into the distinct nature of travelling *with* other people. Working out where you are and where you are going is a joint endeavour, and although all mobility is about more than simply travelling from A to B, undertaking a trip with others emphasises this point.

There is a distinct meaning held by travel with others, which is perhaps difficult to explicate in a thesis where the starting point is a 'transport studies' concept of a trip, (which refers to an episode of mobility). However, the term 'trip' is also used to denote a more exceptional form of travel, for example one involving a holiday or journey to an unusual destination. A trip to the seaside was an example I came across a number of times, where community groups or charities working with older people would hire a minibus and arrange a group outing to a seaside town within London's reach. Annette, in describing her experiences taking Dial-a-Ride, touched upon this notion in the following extract:

There are people that get on at Queensbridge road at the tower [a housing block with many older tenants] and off they go. About a half dozen all go together.

Regularly and they all like it. There was another group of people who would go on Dial-a-Ride to Asda on Thursday... and it was sort of like a trip.

Annette shared the Dial-a-Ride with this other group of people as she also shopped at this Asda, and in part seems to be referring to what Symes (2007) describes as 'micro-communities' which emerge through cooperative travel. What I am drawing attention to is her use of the phrase 'sort of like a trip' as an indication of its alternate meaning. This can manifest in myriad ways, depending on the means of travel – attuning one's walking to another's is different to sitting on a bus with them. I would just like to cover a few to unpick some of the dimensions of taking 'trips' with others.

Undertaking go-alongs required me to co-ordinate my movement with participants. They led the way, but our bodies became attuned to the same goal. As an instinctive fast walker I generally had to slow my pace, something which I customarily do with others, but was made more obvious in the course of the research. Moving in step with someone else inherently de-individualises the experience of mobility. You have to change your pace or direction to accommodate the other person, hold doors open for them and have doors held open for you. It involves mutual exchange, courtesy and consideration. The example of collective travel thus provides a challenge to the individualised notions of wellbeing and mobility I have mentioned. These trips are inherently relational and situated, as is the wellbeing which emerges through them.

Additionally, although I tried to ground go-alongs in participants' everyday mobility, some of these trips took on the characteristics of a 'trip' sheerly through their novelty. Many of them generally did not travel with younger people, especially such tall younger people. The two that did likened it to the experience of travelling with a tall grandson of theirs. The novelty also entailed some shared humour between us. We often looked like a slightly unusual pair to other pedestrians or passengers and became aware of it too. On top of being witnessed by other people, we in turn witnessed them and discussed spectacles we happened across in an almost mutual form of *flaneurie*. Travelling with other people allows discussion of the sights and spectacles you come across when travelling.

Forbidden configurations and negotiating safety

One impediment to this combination of wellbeing and mobility is that the built environment can be restrictive of the forms of collective movement that are possible. Technologies and city streets are not amenable to certain configurations of travellers, or conglomerations of persons and technology. The difficulty of leaning down to talk to a seated older person on a bus, for example, could be quite tricky. Most important, however, is the difficulty faced by those using wheelchairs or mobility scooters. City streets are often

too narrow for mobility scooters to be used side-by-side, or even have a person walking alongside them; I had great difficulty talking to a participant while they travelled on their mobility scooter. Walking quickly to keep up with their pace, having to constantly dodge lampposts and step into the road to allow other pedestrians to pass – all of these things make it almost impossible to travel collectively with someone in a mobility scooter. Jenny and Steve for example resorted to travelling to the hospital separately because of this. Andy, who is a carer for her husband John, described to me facing a similar issue when taking the bus with John. John has Parkinson's disease and is a wheelchair user; when they travel Andy pushes him in his chair. She explained:

The difficulty I find with the bus is they've put the ramp down, you push the wheelchair up the ramp, but you can't get the wheelchair round to the backrest. You have to push it up the ramp, turn the wheelchair completely round, to bring it right back round that bar that's there to get him right the way back and to get him parked on that bit there. That is very difficult on the bus... If there's a pram parked there, unless they can move the pram into the aisle, which some of them they can't do because their prams are too wide, we can't get the wheelchair around because there isn't enough room to manoeuvre.

Having to go through all of this while the bus is stopped places them under pressure. When the driver 'puts the ramp down', an alarm goes off to warn people outside of the bus; the mundanity of the space inside the bus is punctured and Andy and John become a topic of attention. Either the driver waits for them to finish as other passengers watch, or they set off and make Andy and John's task even more difficult. When considering the normative expectations of personhood placed on travellers (for example of their independence), we can see how this is an uncomfortable position for them both to be in. To be seen to struggle getting onto the bus, especially due to disability, is marginalising. This marginalisation, as well as the sheer difficulty of the operation, dampens the perceived salutary effects of leaving the house. Andy explains:

I still enjoy getting out the house and going to these places but it's that anxiety about what I'm gonna be facing to get there. But yes, I wouldn't not go, you know I'm stubborn like that I'll put up with it. But it does put you off, let's put it that way. But we still like going out don't we.

It does not seem that the pleasures of mobility are negated or overridden by this marginalisation. Rather, they are joined by negative feelings. This leads onto the final

negotiation participants had to make; a trade-off between their sense of safety, or what they suppose is safe for someone like them, and their sense of enjoyment. Participants, especially men, were often hesitant to explicitly voice the vulnerability they felt in public. When they did it was generally worded in more frivolous terms, without recognition of the possibility of them being hurt, unless the sentiment involved indignation at the actions of others who put them at risk.

Annette, through discussing her husband's difficulties in walking, which stemmed from advancing dementia, gave a more focused insight into this problem. She told me this after he had walked through the room we were talking in on his way to visit the shop with their carer. He stumbled and almost fell over, save for the carer's grip on his arm. She mentioned that she did feel somewhat deterred from particular trips because of his instability – what would she do if he fell? I overlooked asking whether she meant this to be about helping him get up, or a wider point about her continuing life should he come to harm. She then went on to reason about the things she continued to take him to do, saying:

It's a question of wellbeing isn't it? I mean either I say well he's not gonna go out because he might fall over, or he goes over and he falls over I mean either he gets up or he doesn't get up that's what I think you know [laughs]. I was sort of very philosophical about it I think well what's the worst that can happen? Well the worst that can happen to him is not that bad is it? That's the way I look at it at the moment. [laughing] so I don't worry I think just take him out.

She was somewhat torn between the two notions of keeping him safe and living a less active life, and risking harm by going out more (echoing the discourse presented earlier about the significance of leaving the house). Although she laughed, I did not understand her to take the allure of this fatalism lightly. I did not raise the concept of wellbeing explicitly in any interviews; this was something Annette had thought about because of her husband's dementia. Like Annette, all participants had to some extent demonstrated a consideration for how they might make the most of their lives.

6.5 Conclusion

In interrogating what 'going out' meant for participants, this chapter has explored the links between mobility and wellbeing in a number of ways. Firstly, I explored role discourses had on subjective experiences of wellbeing through cultural understandings of the distinction between the home (or the private sphere) and the world beyond (the public sphere). These

reveal the centrality of mobility to participants' understandings of eudaimonic forms of wellbeing. I focus on the positive connotations of leaving the house initially. Engagement with the outside world was seen as crucial to a meaningful and good life, although this was predominantly revealed through a loss of mobility. Encounters with the natural world were implicated in this discourse, as were forms of exercise.

Understandings of exercise and engagement with the natural world are then used to examine the forms of value and morality which are enacted through mobility. This section of my argument speaks most directly to the structural pressures foisted upon those marginalised through age and disability. Appearing in the outside world involves enacting a commitment to society's normative moral expectations. An inability to meet these expectations due to increasing age or disability is conversely detrimental to one's social status. As subjective social status is associated with wellbeing, this can be seen to be damaging to wellbeing.

After this, I turned my attention to the meanings held about the outside world. Firstly, I presented the forms of social interaction inherent to mobility in London as potential sources of recognition. This is a dimension of the eudaimonic significance of mobility, as well as a source of wellbeing in itself. Misrecognition, or unrecognition, can contrarily be detrimental to one's wellbeing. I then discussed the ways in which appearing in the public realm opens an individual up to public scrutiny, which builds on my discussion of the forms of personhood and value enacted through mobility.

The second half of this chapter looked at the ways in which wellbeing can be collaboratively constituted by participants and other actors. The bus is presented as a social space, where common ground can be sought with other older passengers and public roles can be enacted with younger passengers. This analysis was then developed through conceptualising the bus's affective atmosphere, in part produced by the mobility practices of older Londoners. The forms of support engaged in on public transport, as well as the significance of place attachment, are then presented as factors which meld the public and private spheres. In opposition to Sheller and Urry's (2003) treatment of the car as something which violates the possibilities for private citizens to come together in public space, we can see that some of this possibility endures on public transport.

Finally, I unpicked the distinctiveness of taking 'trips' with others; undertaking episodes of mobility together. Taking influence from Yamamoto and Zhang (2017), I have presented some of the *shared* mobilities of older disabled people (and others) in an attempt to

overcome individualist understandings of mobility and independence. This is presented as a collaborative means of constructing wellbeing, although the city's built environment can be restrictive of this. This restriction was presented as a further source of marginalisation and revealing of the choice participants needed to make between feeling safe and secure and living more mobile and meaningful lives.

Thus far, I have explored the way time spent at home is represented and the forms of non-corporeal mobility which participants engaged in, and derived benefits from. I have scrutinised what going out, or leaving the house, means to older disabled people in London and looked at how wellbeing is entwined with mobility. Now I would like to look at the ways that participants in this study go about being mobile. How do they manage the discord between the assumptions built into the environment and their own bodily constitution? How do they understand these challenges?

7 Achieving the everyday: Tactics and techniques for protecting ontological security

7.1 Introduction

Going out was important for many participants as a way of achieving a number of wellbeing goals, such as enjoying fresh air and nature, encountering opportunities for social interaction, and being recognised as a member of the public. However, because of disability, this was not so straightforward to achieve, and leaving the house involved numerous challenges. This chapter explores how disability and ageing impact upon one's ability to be mobile within the city. Ageing and impaired bodies are confronted by challenges built into London's environment and transport system; as bodies change, taken-for-granted ways of moving through the city become problematic. People must develop ways of coping with these changes and readjusting their methods of everyday movement. This chapter will provide an overview of how older disabled people do this, while negotiating the symbolic dimensions of their mobility which are implicated in these readjustments.

My argument begins with an analysis of the different ways in which impaired bodies interact with environments. I use this analysis to generate a more nuanced view of what are commonly referred to as 'barriers' to travel¹⁰. These interactions, and their implications, vary from person to person and are contingent upon a range of factors which can include, for example, their particular impairment and their habitus. I expand upon my analysis of body-environment interactions by discussing the ways that habitus and field position influence an individual's mobility practices. After this I outline the two terms I use to describe how participants surmount the challenges they face through body-environment interactions: tactic and technique.

A crucial aspect of my argument is that participants' capacity to develop these tactics and techniques is contingent upon the resources they have at their disposal. Two of Bourdieu's capitals, economic and social, are salient here, but I also incorporate the notions of bodily capital and knowhow to operationalise some additional resources I identified. The second part of my argument posits that, by deploying tactics and techniques, participants not only facilitate greater ease in their mobility but also defend their sense of ontological security

¹⁰ See, for example, the London Mayor's Transport Strategy (Mayor of London, 2018)

(continuing self-identity, which I unpack into five components). As such, the ways that older disabled people respond to the challenges stemming from impairment and body-environment interactions can be seen as efforts to defend their ontological security. Finally, I explore what happens when participants have an absence of relevant tactics and techniques.

7.2 Managing body-environment interactions

The first potential problematic consequence of a body-environment interaction is that it may make some forms of travel impossible. In the following extract, Lorraine, a 74-year-old with COPD and arthritis, describes her inability to cope with stairs:

If we're going out, I can only go out where there's no steps... I can't go up gradients or down, because I find it impossible to walk even with the stick

Her explanation is a straightforward description of the potential of the environment (when interacting with impaired bodies) to render some forms of mobility impossible. We should focus on the implications of this problem though; the impossibility of walking on gradients is not the only outcome of this interaction. Many older people experiencing impairment can climb stairs but are required to exert undue determination and endurance in doing so. Thus, they may not find a station impossible to traverse, but its form still serves as a deterrent. An example of this can be found in Julie's account of a recent trip to she took, accompanied by a support worker, to Whitechapel. She recounted this example after the support worker who accompanied her, who also took part in the focus group, prompted her to share it. She describes her experiences in climbing the stairs to exit the station:

I found it difficult, but I tried to keep up with you [the support worker]. But you noticed I had to stop, I find it very difficult and it really hurts sometimes but you've just got to push yourself all the time, well I do, because I'm very independent.

Julie, who experiences dementia as well as a mobility impairment, emphasises the determination she exerts in climbing the stairs. She makes use of a trope - in maintaining her sense of being independent, she cites 'pushing through' pain and difficulty. Nevertheless, that the support worker prompted her to draw on this example adds weight to the difficulty she faced on the staircase. Although Julie focuses solely on the task of getting up those stairs, a small portion of the trip, the effort required impacts upon the experience of the trip as a whole. This is especially the case if numerous difficult tasks accumulate. The following extract provides an account of the ways in which scenarios like

Julie's stair climb can influence the experience of whole trips. Linda, who has COPD and some minor visual impairment, describes travelling to Moorfield's, London's primary ophthalmic healthcare centre:

I've had a series of having to go down to Moorfield's regularly, and the Old Street Station has got like a lot of stairs... coming out of the station as well as well as the escalator and I was worn out by the time I got to the top of the stairs, I had to stand and get my breath. And then I can get a bus, there's a bus stop there so about 50 yards I'd walk up, about 50 yards get the bus just for one stop. But the whole journey wears you out, because the appointment will be about half past 9, you're travelling from Archway... because the trains are always... *like that* [acting like she's squashed]

Linda is fit for her age, and always seemed energetic and lively when we met. It is therefore noteworthy that she chose to take the bus from Old Street Station to Moorfield's – a distance of just over 300 metres. Although taking the bus managed the situation fairly well, the trip up the stairs gave her enduring difficulty. Surmounting a barrier like a staircase is not a bounded and compact moment of difficulty. The first reason for this is simply the knock on effect of the exertion and pain experienced through traversing the obstacle in question; Linda taking a bus after the tube is a good example of this. The challenge posed by an individual's interaction with a barrier is thus also constituted by the nature of their entire trip, and the objects and environments they have encountered in its course. The second reason is the lasting mental impression it leaves. Although many participants surmounted obstacles regularly, some would occasionally have particularly bad experiences which enduringly damaged their ability to feel comfortable travelling in certain ways. It thus exists as a mental impression beyond the limits of the physical-environment encounter, traces of which influence future encounters.

To summarise, one environmental feature poses a set of very different barriers depending on the context and nature of its interaction with an older person experiencing impairment. Their experience of impairment is also a constitutive component of the barrier. To generalise about which barriers are disabling and which are not ignores this interplay¹¹. Moreover, whether the cause for barriers lies specifically with the individual or the

¹¹ This does not mean that identifying particularly difficult environmental features which can be augmented to better accommodate older and disabled people is not worthwhile, however; my point concerns the broader way in which we conceive disability.

environment is a political question. What is implicated as disabling and what is not is contested, depending upon the interests of the parties involved. This is where Bourdieu's analysis of social fields, sites of contestations, brings greater understanding of the city as a site for mobility. Mobility practices, and the experiences they cultivate, are engendered by an individual's position in the field. The types of interaction impaired bodies engage in with environments in are thus also a product of field position.

Older Londoners with impairments occupy a marginalised position in the field. Even as social contestations bring new, or simply different, forms of spatial organisation to the city, they encounter new barriers. This is perhaps best illustrated by the following extract from an interview I conducted with Joyce, who predominantly relied on her car for transport. Here she highlights her sense of increasing marginalisation to what, in some European cities, is being called 'velo-mobility' (Green *et al.*, 2018):

They're... redoing the [local shopping street], it's all gonna be, well *it is* pedestrianised but it's gonna be vamped up. They're gonna take away the disabled bays... they're gonna put them somewhere else. They're gonna put them further up in a little street but there's never very many so if they're not there then I can't shop. Or I can park on a yellow line a bit further on but then I've got a walk which I find difficult, so you are... really discriminated against in a way. And I mean not that many people, you know people in planning and all that I don't know, they don't think about that I don't think.... disability is a... lower priority. They are. It's bicycles now and alright not everybody's old. But everybody's *got to* get old.

Joyce illustrates the relationality and complexity of the field. She feels disabled by the marginalisation of drivers. Yet the predominance of the car is detrimental to older people's ability to be mobile (Freund and Martin, 2008), and disabled people are less likely to own a car (Aldred and Woodcock, 2008). Moreover, 48% of disabled people surveyed for a government report claimed they would go out more if walking conditions were better (DPTAC, 2002); walking conditions are greatly dependent upon the priority afforded to cars where space is limited. Regardless of whether disability is prioritised or not, the demands made of 'planners' in balancing this complexity are not simple. Cities make unequal demands of different groups of their residents, and there is no simple solution which will rectify the subordination of some groups by others. In the following section I explore how field position influences propensity to use different transport modes and begin to link it to participants' ability to react to the changes experienced through ageing and disability.

7.3 Field position and practice

An individual's mobility practices are generated by their habitus, which is in turn generated by the structural conditions of their social position. For example, as Chapter Four argued, one's propensity to travel on a given day is influenced by household structure, gender, and age. These factors also influence how likely an individual is to choose one form of transport over others. Table 11, which presents all the trips made in the LTDS by income, suggests that this relationship also applies to transport mode. Although there is much overlap, higher earners are substantially less likely to take the bus and those with a lower income are less likely to drive or use the underground. Because the habitus constantly modulates and acquires new characteristics depending on the conditions the individual operates in, having an impairment is not necessarily the definitive factor in an individual's mobility. It is one of any number of factors contributing to their habitus and varies in importance between people and groups. Table 12 demonstrates that this relationship remains relevant in later life (although they are overall more likely to drive than younger non-disabled people). If a Londoner over the age of 60 who reported having a disability went on a trip, those with a lower income were more likely to have walked or taken the bus than those with a higher income. This group are also notably far less likely to have travelled using the city's train or underground system.

Table 11 Trip main mode of travel by annual household income in London

Main mode of travel	Under £19,999	£20,000 - £49,999	£50,000+	Total
Walk/Cycle	37.8%	29.9%	28.4%	32.0%
Car/van driver	20.1%	32.5%	34.3%	29.0%
Car/van passenger	13.7%	15.2%	15.8%	14.9%
Bus	20.2%	10.4%	6.9%	12.5%
Underground/train/tram	7.6%	11.6%	13.7%	10.9%
Other	0.7%	0.5%	0.9%	0.7%
Total	100	100	100	100

$X^2 = <0.001$

Mobility in the city is an everyday practice which, given its centrality to and ubiquity in everyday life, is rendered mundane. As a result, much of the skill employed is pre-reflexive and goes unrecognised. As Rachel Aldred highlights, simply navigating 'motorised' streets requires a number of skills – judging vehicle speeds and crossing roads quickly for example (Aldred and Woodcock, 2008). However, when people travel they employ numerous tactics and techniques to manage the trip. These can be as simple as taking a different form of transport or taking a break after a difficult flight of stairs (as Linda did). These tactics and

techniques are cumulatively what make being mobile possible, and as such are crucial in understanding how older Londoners with impairments manage their mobility.

Table 12 Trip main mode of travel by annual household income for disabled Londoners over 60

Trip mode of travel	Under £19,999	£20,000 - £49,999	£50,000+	Total
Walk/Cycle	32.1%	27.0%	23.8%	30.5%
Car/van driver	21.6%	31.9%	33.2%	24.5%
Car/van passenger	20.9%	22.3%	26.8%	21.6%
Bus	20.5%	13.9%	10.4%	18.4%
Underground/train/tram	2.6%	3.6%	3.9%	2.9%
Other	2.3%	1.2%	1.9%	2.1%
Total	100	100	100	100

$\chi^2 = <0.001$

Not only do individuals develop tactics and techniques to facilitate their mobility, they also use them to mould their travel into a format which allows them to achieve a type of mobility befitting of their habitus. Savage, Bagnall and Longhurst in their research on residential choice provide insight into this notion. For individuals to feel comfortable, they postulate, there must be “correspondence between habitus and field”. Without this, individuals seek to move “both socially and spatially” to alleviate this sense of discomfort (Savage, Bagnall and Longhurst, 2005, p. 9). Individuals also modulate their mobility practices, for example through using different transport modes, to achieve an appropriate form of practice.

The volume and type of capital an individual possesses is the factor which determines the position they occupy in a field, which in turn produces their practice. Through examining their practices, we can understand how different quantities of different capitals beget different mobility practices. I will argue that the extent to which people are able to develop different types of tactic and technique is also contingent upon the extent and types of capitals (or resources) that they possess. This is important because the marginalised position of older Londoners with impairments places them in a position where they are faced with conditions and assemblages which challenge their sense of being able to travel independently, autonomously and safely. Cumulatively, and in some specific regards, this can threaten their sense of ontological security. In this chapter I will demonstrate that, by marshalling the resources available to them, they can generate techniques which support their overall mobility and sense of ontological security. First, however, I will outline what I mean by tactics and techniques.

7.4 Tactics and techniques

The ways in which participants managed and surmounted barriers to their mobility can be split into two categories, which I will characterise as tactics¹² and techniques. Not only do they provide a useful means of separating general and specific forms of action, they also complement Bourdieu's lexicon. I use tactic to refer to the means with which the individual achieves a specific trip, for example taking the bus and then the train. Another example would be switching transport modes based on the weather or time of day; these are the broader methods of adapting to the challenges generated by disability. I use technique to refer to the skills which facilitate different tactics. Managing the raised step up onto a bus by grabbing a specific handle is an example of this, or breaking up longer walks by sitting on benches. Techniques are what make particular tactics possible – if an individual has a technique for dealing with more crowded buses, that means they do not have to adopt tactics which allow them to avoid taking the bus at busier times of day.

I will illustrate these distinctions with an example. Avis is a 65-year-old stroke survivor with osteoarthritis, diabetes and a cardiovascular condition (although the latter two do not impede her mobility). I accompanied her on a trip from her house in Brixton to a Bingo Hall in the Elephant and Castle shopping centre. We took the Victoria Line (London Underground) from Brixton and changed onto the Northern Line at Stockwell, which took us to Elephant and Castle station. The following field note extract details this:

When we got on the carriage that she wanted to sit in (it was the one closest to the platform that we would alight at), we stepped on and she described how she would either sit in the last seat of the row (next to the doors) or stand up and lean on the ledges at either end of the carriage. These two positions allow her to stretch out her left leg, and she can easily support herself with her right leg while leaning. She does this because it's painful for her to not have her leg straight. She complained about new Routemaster busses because they don't give you room to do this. People would offer her a seat when she was leaning there but she would refuse. Our carriage came to a halt next to the exit to the Northern Line platform travelling north, so the walk to the next train was short. (Field note, November 2016)

¹² De Certeau's study of everyday life is the most notable use of the word 'tactic' in sociology (De Certeau, 1984). However, his use of the term is oppositional to what he calls 'strategies', which does not suit my purposes.

The tactic she employed in this trip was to walk to Brixton tube station, take the tube and then walk to the Bingo Hall from there. These were the broader actions she took to enact this trip. The techniques she employed included sitting in the seat by the door on the train and selecting a specific carriage which minimised the walking involved. These were situated within the tactics and transport modes she used and are essential components of what makes those forms of mobility feasible. It is worth noting that these types of tactics and techniques are not unique to older and disabled people. Many people design their trips so that they do not have to walk too far or can incorporate a contingency plan. In the example above, Avis uses the tube over the bus for the sake of expediency – this is a tactic used by countless commuters every day in London. The difference here is in the potential severity of a mishap.

A younger non-disabled person who must walk further than they had initially envisaged is likely to just feel more tired or inconvenienced as a result. It was evident through my discussions and travel with participants that, for an older disabled person who is reaching the threshold of what they consider a comfortable walking distance, the consequences may be falling over or feeling stranded. This difference in consequence is thus not only one of severity but is qualitatively different; the tiredness or annoyance at being inconvenienced may be accompanied by fear. The challenges older people with impairments face in being mobile in London constitute a challenge to their ontological security; tactics and techniques are how they maintain this security. Before detailing the specific tactics and techniques participants employed, I will explain the importance of resources in determining their ability to develop tactics and techniques.

7.5 Resources

Michael Bury (1982, p. 178) argues that the disruption caused by chronic illness and disability “throws into relief the cognitive and material resources available to individuals”. How individuals react to these disruptions is contingent upon the different types of capitals they possess and their extent. The greater the volume and range of resources the person can call upon, the better they are able to avoid stressful or precarious situations while travelling and maintain their sense of ontological security. There are some parallels here with Bourdieu’s conception of capitals as determinants of an individual’s field position. However, the relevant forms of capital I observed in my research are not analogous to his.

Of Bourdieu’s three main types of capital – economic, social and cultural – only the first two were apparent. To economic and social capital, I make two additions – bodily capital

(one's capacity to employ their body in mobility) and knowhow (one's knowledge of the local area and transport system). These two are similar to the notion of motility capital which is advanced by Flamm and Kaufmann (2006). However, their use of the term conflates bodily capital, relevant skills and 'cognitive appropriation' (i.e. assimilated habits, strategies and values). In the case of older Londoners experiencing impairment, these separate factors are significant enough to remain separate and of equivalent value, rather than subsuming one into the other. Knowledge of how to use accessible forms of transport to reach a particular destination, for example, is important enough to be made distinct from one's bodily capacity for movement. Before going on to explain these resources and capitals in greater depth, it is worthwhile justifying why I have chosen to refer to them as resources as well as capitals. This is primarily because of the importance of knowhow. Although an incredibly important asset to participants in constructing and reformulating their mobility, unlike economic, social, and bodily capital, knowhow does not have an exchange value. Although in some isolated circumstances it can be exchanged for other forms of capital¹³, this is far less extensive and systematic than the network of exchanges which exists for the capitals I have identified. There is no value gained from having a greater or lesser extent of knowhow other than that which is in service to one's everyday mobility; having knowledge of another area or city, for example, is inconsequential.

Similar notions to bodily capital have been advanced in several different ways, two of which I have drawn influence from. Gilleard and Higgs (2017) use the term 'corporeality' to refer to the body's material constitution, which they contend underpins the major social divisions in later life. They complement this with the concept of 'embodiment', which refers to how the body's materiality can be fashioned for enacting and realising agency, identity and other social phenomena (Gilleard and Higgs, 2018). Bourdieu also paid significant attention to the body, describing it as a principal symbol of social position and value. He generally uses this concept to talk about the way social status becomes inscribed in the body, for example through a coal miner developing a lung condition or someone with a physical job becoming more muscular. However, the relationship can be seen as bidirectional. Due to the values inscribed in the transport system and built environment, older people with impairments are placed at a disadvantage in the field of mobility.

¹³ For 'black cab' (Hackney carriage) drivers in London, for example, it is a prominent part of the service they offer and their standing as a more expensive and distinguished form of transport than minicab and Uber drivers. One must pass a test referred to as 'the knowledge' in order to become a 'black cab' driver, after which they may exchange this knowledge (knowhow) for the economic and symbolic capitals derived from the vocation.

Although the different forms of capital they possess are influential in mediating the impact this has, the exclusion experienced due to disability can be seen as the body influencing one's social status.

Chris Shilling argues that Bourdieu's treatment of the body amounts to it constituting a form of capital (Shilling, 2004). This is not only as a signifier of value, but as an object which can be exchanged for other capitals; Shilling uses the examples of exchanging one's labour for economic capital or developing a muscular or thin physique (depending on whether one is male or female) to garner symbolic capital. Through this lens, the use of the body to enact mobility can be viewed as an exchange. Those experiencing more advanced arthritis have less 'bodily' capital to exchange with symbolic capital, through mobility, than those experiencing less advanced arthritis, for example. Different modes of transport thus confer different levels of symbolic capital because of the connotations they possess. A brief example might explicate this better.

Using Dial-a-Ride generally results in a lesser degree of choice about when you travel; you are given a window within which your driver will arrive and cannot be sure how long it will take you to reach your destination once on the bus since the driver may collect or drop off other passengers. This stands in contrast to the perceived freedom of using buses or cars, where, resting upon normative assumptions of autonomy, you can determine the time and to a certain extent the duration of your trip. Annette and Joyce are in their eighties and, although having previously used it extensively, use Dial-a-Ride far less than they did in the past. In a reaction to the symbolic consequences of having to wait for Dial-a-Ride, Joyce drove more, and Annette purchased a mobility scooter. Although they had great difficulty using public transport (Annette uses a select few bus routes, Joyce none at all), they were able to mobilise a different form of capital to regain some symbolic value – economic capital. Other participants, who indicated that owning a car or mobility scooter was beyond their financial means or did not have the requisite bodily capital to drive, were unable to avoid using Dial-a-Ride. In the following extract Mary, a 64-year-old stroke survivor, exemplifies this by responding to a question of what she would do if she was less financially limited:

I would invest in a...I've seen they've got these really snazzy light weight mobility scooters that you can take on planes and fold down and put in cars.

She went on to describe how the mobility scooter would allow her to visit a half-brother in Florida she had never met since it would allow her to take a taxi to the airport, use the

scooter to reach the plane, and so on. Mary is clearly indulging in conjecture in the above example. However, it demonstrates her perception that increased economic capital would widen her options. Another important component of this is that increased economic capital is often necessary for trips; although some participants cited taking trips for the sake of it, others required some ulterior reason for travel. Having enough money to visit a shop or café can provide this reason.

Social capital was apparent in quite straightforward ways, for example in the family relationships participants were able to draw upon. Having a daughter who could take you shopping, or a husband or wife who would accompany you on public transport to help you were most obvious. However, the more general forms of help family may provide in terms of supporting the participant's general wellbeing or helping them to make age-friendly adjustments to their house can also be seen as relevant. The participant's knowhow - knowledge of the local area and its transport system – was also an important resource to be able to draw upon. Knowhow is not strictly a capital. However, not only does it determine people's ability to understand how to reach destinations, it also determines what they know to be possible - whether making certain trips is plausible for them. This involves not only conceiving of the route there but understanding the features of the route which make their lives easier or more difficult. This could include, for example, whether there are benches to rest on or how busy the area is at different times of day. Knowledge of the area and its transport possibilities are crucial for engendering the potential for mobility into an individual.

The following example demonstrates the importance of knowhow throughout the bodily changes of chronic illness and later life. John, a stroke survivor who has lived in east London for 20 years since emigrating from Ireland, describes how he transitioned from using Dial-a-Ride in the immediate aftermath of his stroke to using buses again:

John: I stopped doing it when... I was waiting... for the Dial-a-Ride, and they never showed up...and that happened a couple of times. So, in the end I went no, I won't bother with Dial-A-Ride anymore. I just went on the buses, cause I used to use them all the time, I knew where they would go and how to get on.

The combination of his bodily capital and knowhow allowed him to transition from Dial-a-Ride back to buses, especially since his Freedom Pass entitles him to free travel. Similarly, Florence, a woman with dementia in her 80s, always took cabs to the dementia support group I met her at and was always driven to the supermarket by her friend. She never

travelled independently (her words) apart from short walks around her local area, Blackheath Village. Bourdieu specifies that a field is a social space, rather than a geographical one. However, Florence's geographical space provides her with a more privileged position in social space. Blackheath is a historic area of Greenwich, largely untouched by London's recent building development. Many of the shops in the area predate her dementia diagnosis, providing her with a stability which allows her to continue walking around the area, visiting shops, cafes and the bank, despite her misgivings about travelling independently. Her knowledge of the area, inculcated into her habitus, had accumulated over a lifetime of short walking trips. As we walked around I asked her where we were going next and at times she was unable to answer, yet such was her knowledge of the area she took us round in a perfect loop, taking the opportunity of my visit to go on a more scenic trip than she otherwise would have done. Florence's mobility and routines were generated by the interactions of her numerous capitals – she was able to take cabs to dementia meetings due to her generous lecturer's pension, be driven to the supermarket by her friend and neighbour due to her social capital and was able to walk around the area due to her knowhow. In the examples I have just provided, the participants deployed their resources to negotiate the loss of symbolically valued forms of mobility. I will now explain how these forms of value help to constitute their sense of ontological security.

7.6 Ontological security

Bury draws on Giddens' notion of a 'critical situation', originally intended for macro scale crises like wars, as inspiration for the more personal concept of biographical disruption (1982, p. 169). To extend this, we can use Giddens' notion of 'ontological security' – a self-identity which provides a constant through times of uncertainty and transition - to explain what is achieved by developing tactics and techniques to maintain one's mobility (Giddens, 1991). Research on therapeutic landscapes has described the home and the domestic garden as important to ontological security, contributing to older people's mental wellbeing (Milligan, Gatrell and Bingley, 2004). Furthermore, inhabiting and interacting with others in public space has also been suggested to engender ontological security (Cattell *et al.*, 2008). Here I will argue that the symbolic importance of everyday travel shares this quality – interacting with the world outside of one's home, maintaining relationships you have built over a lifetime with the spaces and places in your locality are important to maintaining your sense of identity, and what Ziegler and Schwanen (2011) term 'mobility of the self'. Everyday mobility is an important means establishing autonomy, and of ordering the world and one's place in it. In acclimatising to an ageing body, the

worsening of a chronic disease or the onset of disability you must recalibrate your mechanisms for achieving this.

Tactics and techniques cumulatively serve the overall purpose of achieving ontological security. This is in a general sense, due to the importance of mobility in maintaining one's sense of identity, and also more specifically in feeling secure in one's ability to be mobile. Furthermore, the role that tactics and techniques play in facilitating one's travel mean that regular and routinized trips are possible. As regular trips and routines help to structure everyday life, they provide individuals with an ontological security which is not, like comfort or safety, negotiated in situ during trips. It instead transcends individual trips and cannot be identified within a trip, but rather as a product of the routine and structure which stems from repeated trips. As such, it is unlikely that someone would employ a technique with the aim of promoting their sense of ontological security while being mobile, as they would regarding comfort or physical safety. Some trips can, however, be more specifically associated with promoting a sense of ontological security which is not necessarily due to routine. These could be, for example, continuing to be mobile in a neighbourhood you have lived in for decades, or performing activities or hobbies which are important to your sense of identity. Before covering the specific elements of mobility which are necessary for ontological security, I will detail the ways in which mobility can provide the routine and structure which engenders ontological security, as well as some techniques participants adopt in order to achieve a type of ontological security within the trip itself.

Routine and structure

Giddens (1991, p. 40) theorises that the original development of ontological security takes place through "the discipline of routine" in childhood which, combined with a trust in adults, 'inoculates' individuals against existential anxieties and provides them with a durable sense of hope and faith which carries them through crises. The importance of routine is not restricted to childhood, however, and structures daily existence throughout adult life. Joyce describes this in the following interview extract:

Interviewer: So when you first retired... were you just out and about all the time then?

Joyce: well actually you've got no, when you retire you've got no structure. And I like the structure. So that's when I volunteered. 'Cause I thought well I can't be in all day long so I did volunteering you know.

For several participants, developing a routine was cited as a means of recovering from ill health or other disruptive events (for example a spousal bereavement). Just as Berg et al. (2014) argued that everyday mobility can be used to structure life following retirement, it can also be used to reconstruct life's routines after the onset or worsening of impairment or disability.

These routines were not limited to travel, and things like daily household chores were also relayed as routines or obligations that needed to be maintained. However, mobility was generally an important component of these routines. There are two dimensions to this. Firstly, having a routine that you could relay to others was an important means of presenting yourself as productive and active, rather than sedentary. Just as non-corporeal forms of mobility provide less mobile people with resources they can use in their presentation of self, routines can be similarly employed. Secondly, developing routines of mobility and trips were often laid out by individuals as important aspects of their daily lives. Some participants were able to relay what a normal week would look like for them without much effort and gave the impression that it was important to them to have a schedule of what they would be doing on different days. Andy and John are a good example of this. In the following interview extract Andy describes their weekly routine:

Monday, we go to [the] pop in [centre]¹⁴, we leave there about half past 12. Sometimes we might pop into the café and have a bit of lunch. And then we'll pop up to the shops and do a little bit of shopping. Tuesday's what I call a free day. If he's not feeling too good, then we'll end up spending the day at home. If not, if I'm feeling ok, we'll go to Bexleyheath and we'll have a little mooch around the shops up there. Wednesday, we're round the church until 12 o' clock. Um, again, we might, all depends, go down to Erith. Thursday we're at the pop in again. Usually by then we need some more milk, so we're round the local shops. We're stuck in again there's not really much time to go anywhere. Friday's a free day, um, every other week my daughter comes around so again it's sort of a day in. If she doesn't come round, then it's trying to find somewhere to go where we can just get out and about. Sometimes if it's a nice day I will actually push John down the hill to Erith, but we will actually have to get the bus back because I'm not able to push him up

¹⁴ A group held by AgeUK where on a particular day older people can drop in for a tea, a meal, socialising or advice. Unlike more formal community groups which last for an hour or two it is more likely to last half a day or so and allows people to come and go as they please, as opposed to attending for a set meeting or period.

the hill. That's quite nice, it's quite a nice walk and I don't mind. On weekends, Sunday we're nearly always here on a Sunday we don't go out anymore

Other participants were less organised, but still maintained their routine of mobility. This was often partly because community groups and organisations are organised along those lines – weekly or monthly meetings. Trevor, a 70-year-old stroke survivor, also uses making trips outside of the home to structure his life. He expressed a dislike of community groups and preferred to plan his actual activities in a more spontaneous fashion. He explains:

So, I know what I'm going to do. I decide the day before now what shall I do tomorrow. And then do it. And that's how. I don't, I'm not that spontaneous. I always know what I've got in the morning. Cause I've got a little list. And I never do everything. Never. But if I've done three quarters, that'll do me... I'd rather get things done. Physically done. But it doesn't mean I have to rigidly stick to a set routine, everything to do. You've gotta be reasonable with yourself.

On a daily basis Trevor visits libraries, museums and landscapes (or cityscapes) he can paint. This provides structure to his life, and on a given day he will at least visit the shop to pick up food. His life is routinized, but not to the extent that he cannot improvise, and going out and deciding where you would like to go out are important means of achieving this. If life becomes too predictable it can feel restrictive and suffocating. The mundanity needs to be punctuated by more unusual trips and activities to prevent this. Here Lorraine demonstrates this by summing up her weekly schedule:

Lorraine: It's nothing, nothing very exciting. In fact, it's very boring. And I do every day, I say to myself I should make time to do something to go out.

She told me this after describing her mornings being structured around house work and looking after her dog. Although Andy and John had a routine they seemed happy with, they also described feeling trapped because they could no longer use the train; their local train station was not step-free. Since they had given up driving they were unable to reach central London or the seaside to perform less frequent but more interesting trips which punctuated their everyday lives; they thus lost the ability to be spontaneous or punctuate the ordinary and every day. The less exciting trips that make up everyday life are just as important, however, and provide important insight into the ways in which everyday mobility is made 'everyday'. The next section deals with an important factor which allowed participants to feel secure *within* episodes of being mobile.

In-trip security

Feeling assured that you would be able to return home is often taken for granted.

However, it was incredibly important to participants in this study. Given the vulnerability they felt when travelling, having the ability to return to a place of comfort and safety was crucial. Pamela, a 90-year-old with COPD living in north London, provides an example of this. After explaining that she felt she should be wary of falling because other people expected it of her, she went on to say:

Pamela: I just worry about I suppose getting stuck somewhere and not being able to get home on my own. That kind of thing I worry about.

Becoming 'stuck' somewhere without knowing how to get home is a fundamentally disempowering experience. Two things are of note here. Firstly, the home is the 'base' for the trip. Mobility is generally enacted from the home (point A) to a destination (point B) and back again; the trip is anchored to the security of the home. The second point is that being stuck is not actually about not being able to get home, it is about being able to get home *on your own*. What is distressing are the uncertainties opened up by having to rely on others for help, and having your independence undermined by external factors. This sense of security is not only about being able to return home and maintaining your sense of independence. It also has implications for routines and broader plans. For example, Elcena is a 67 year old from north-west London. Since developing a back problem earlier in life, she had become politically engaged as a disabled person and therefore had a wealth of experience travelling in London as a disabled person. During her interview, she recalled an occasion where she was unable to take a Dial-a-Ride home as one of the worst experiences travelling in London she had had, with the cost of the taxi she had to "fork out" for affecting her plans for the rest of the week.

Certain techniques can be used to provide trip security. For example, those experiencing mobility impairment can develop a special attachment to walking sticks. This did not seem to require any especial deployment of resources; they are cheap and readily provided by the NHS upon a patient's discharge from hospital. Nevertheless, once adopted and inculcated as a necessary appendage of mobility, it takes on a particular symbolic importance. Here Florence describes her attachment to her walking stick:

Florence: I don't have any difficulty walking or anything like that... [but] I've found that you do develop a dependency on a thing like a stick. And I'm not physically

dependent upon it but I think I'm emotionally dependent upon it so, you know it's not a problem. Dunno how that happened.

The walking stick serves several functions. Firstly, it provides the type of security that Florence terms 'emotional dependence'. Secondly, it provides a portable support for leaning on when tired. Having the ability to stop and rest at any point in time has an instrumental function, especially when one is walking uphill or climbing stairs, however, it also provides the stick's bearer with a sense of comfort and security. They *can* rest should they so wish; this is the emotional dependence Florence references. A walking stick also serves as a tool for demonstrating one's need to be offered a seat by other passengers. It indicates a requirement for additional support and assistance to others.

The stick provides a good example of the way tactics and techniques generate supporting structures for travel, meaning that it does not involve unacceptable risks, degradations or stresses. It is a relatively universal and readily available means of managing impairment, however, and subsequently does not require any especial deployment of resources. The following sections will demonstrate this by covering three interlinked categories which are important aspects of ontological security in general (as opposed to security within a trip or that generated through routine). They are physical or perceived physical safety, comfort, and independence. It is worth noting that different elements of these factors must often be traded off against each other when employing tactics. For example, expressing more autonomy may require sacrificing some security or personal safety. An individual's ability to achieve these four things is partially contingent on the resources at their disposal, however. The extent of the resources they possess can also determine the magnitude of the trade-off.

Physical safety

Participants often expressed a fear of falling or being knocked over by other people as potential problems they could encounter while travelling. This sense of vulnerability was often cited as a justification for behaving in certain ways. A fear of falling entails a fear of being injured. However, the potential to become completely exhausted by a trip was also brought up by numerous participants. This was a concern both because of the unpleasant physiological and affective dimensions of exhaustion, as well as the increased fear that one could fall and be injured due to tiredness. Much of this fear seemed to be concerned with generally feeling more worried about the vulnerability of the ageing body and how it affects others. Pamela explains this well in the following extract:

Pamela: I'm not really nervous about falling except that I know that so many people *do* at my age and you know, people seem to expect me to [laughs].

Being cautious and vigilant about falling are inculcated into the habitus as people age. On more than one occasion when I attended community groups to speak about my research or recruit people there I was preceded or succeeded by someone giving a talk on how to avoid falling. People also often cited it as a reason that family members worried about them. This is not without good reason. Elcena describes the experience of falling in public in the following extract:

You don't get no warning, it just happens. I remember I was tired, and one day I hurt myself, I fell. And a man saw me, and he said, "oh my god", and he was Irish, he was a big man too. He picked me up like a feather and he put me by the bus stop, under the shelter. And I couldn't stop the tears from coming down my cheeks. But I didn't expect somebody to just come and pick me up. I said thank you, I just couldn't talk. He said, "you'll be alright, you'll be alright". But it was the way he picked me up, like a baby. A big woman like me, he just picked me up. "Oh, come on love", he said, "don't worry, the bus will come soon".

Elcena describes her tears, going on to say that it was falling that had made her upset at the time (as opposed to the man's intervention prompting the emotion). When she came to visit my office to be interviewed she insisted that I met her at her car to walk her to the room I had booked; she was concerned about the distance of the walk and having someone on hand to help should she encounter difficulty. She recounts both physical and emotional consequences; describing the man picking her up like a baby is an easy way to indicate her sense of vulnerability in the scenario. Nevertheless, she did not seem ashamed to share the anecdote. Other participants often recalled more complicated considerations because they were travelling with others.

In the following excerpt Anette describes how she and her husband (for whom she is a carer) get home from a singing group. The excerpt highlights the work participants do in trying to avoid a situation where they or someone they are with may fall over, and the worry this can cause:

It's a little bit of a walk [to the bus stop] ... but on the way home I will.... I don't fancy walking that journey. I don't fancy it because Alan usually does a lot of dancing and he's tired, and I can't look out for him because although he's ok at

walking I mean he's not...I have to watch out because he doesn't always see steps and uneven pavements... So not only am I looking after him but I'm looking after myself with the walking. So, I don't fancy doing that so that's when I have the cab and I've normally booked it in advance and as I say it's not always on time but it's not too bad.

Annette describes the difficulty of balancing managing her own movement with keeping an eye on her husband's. As I interviewed her in their sitting room, her carer accompanied her husband to the shop to buy a paper. They left through the back door – which was in the sitting room – and he almost collapsed. He would have fallen over had it not been for their carer's arm supporting him. This potentiality is what she refers to when she mentions Alan being tired. As someone who uses two crutches herself, she is unable to provide the assistance that their carer does. For Annette and Alan, and Elcena, the possibility of falling has a direct impact upon their mobility. Elcena coped when travelling to be interviewed by meeting me where she parked her car, Annette did so by using her economic capital to take a cab rather than the bus. In the next example, however, we can see that fear of falling has a less direct influence on one's mobility.

In the following extract Cath, a woman with dementia from south-east London, describes going shopping on her own for the first time in a while. She told me:

My husband, we always go shopping ourselves we walk over to Catford, get... our shopping for a week and get a cab home. Well about 6 weeks ago he was in hospital, so he was really ill for a long while, so I had to go on my own. I didn't think I would, but I did manage to do it on my own and I quite enjoyed it.... [normally] he doesn't like me going he says "well don't in case you fall over", cause I fell over a few times but um, I was pleased that I done that myself.

Cath does not indicate here that her own fears of falling cause her to go shopping only with her husband. Rather, she places this responsibility on her husband's concern for her. She describes the challenge of overcoming the habit of only going shopping with her husband and doing without the security this provides. Cath's extract, considered alongside Annette's account of travelling with her husband, demonstrate that the danger of falling impacts on mobility practices both directly and indirectly. Only going shopping with her husband for Cath, and taking a cab with her husband for Annette, are direct responses to the fear of falling. On top of this, however, these tactics can become habituated, and indirectly influence an individual's continuing mobility through this habituation.

The following example is evidence of a technique employed to tackle fear of harm. Linda is an active, wiry 80-year-old. We first met at a support group in north London where she was animatedly serving tea and biscuits and carrying them across the room. As I arrived at her house to interview her a few days later she rang her son, who had answered the door, to come and help her carry the shopping from the bus stop. I looked up the road and saw her taking small quick steps towards us in the distance, eager to offload the weight of the plastic bag in either hand and her rucksack. She later told me she had been carrying two chickens and two kilograms of potatoes, although it had been a push. She has COPD and has experienced some sight loss (which led her to give up driving but does not generally impact on her public transport use). Here she describes how she deals with not getting a seat on the bus:

Interviewer: Do you ask people to give up their seat?

Linda: no, I'm a bit frightened really, so I stand...where they put the buggies if I can. Or just hold on as best I can

Interviewer: is that so you can lean up against it and support yourself?

Linda: well I can lean, but I need to, buses jerk and I'm not so stable so I get shoved around...

Interviewer: why do you pick that spot to stand in

Linda: because it's the only spot where...I can try and get into a place where I can lean against the window or lean against...the edge of the bus. Otherwise you're standing in the aisle, holding on. And also, the other thing is that people seem to have big bags now. And I had an ulcerated leg last year through an accident that wasn't my fault. But it took four months to heal and it was a performance you know getting to the district nurse...three times a week. And I find any knock starts up a bruise or an unpleasantness...so I'm very aware...of my legs and big bags and haversacks and all the rest of it because people get on and...it's as though...it's part of their body they don't realise that as they move it's swinging around...it's knocking you or if they've got...big bags and that hits my legs and there's not much you can do about it...you can't move once you're in the aisle.

"The spot where they put buggies" is a sheltered section of the bus generally reserved for wheelchair users and prams – it is the blue zone on the left-hand side of Figure 5. It provides a corner to nestle into for support, with several bars to hold onto and steady

oneself when no seats are available. Just as importantly, it is set aside from the general flow of passengers between the stairs, doors and raised section at the back.

Figure 5 The wheelchair and pram space of a London bus



The threat of being knocked or hit with a bag is a big concern for Linda, with previous knocks having lasting impacts, yet she appeared fairly robust and still uses buses daily – she had used four by the time she had gotten home from shopping. Linda has the resources to make the bus work for her and modulate her behaviour to achieve an acceptable level of security. What is also important is that her sense of comfort and physical safety are interlinked. In the dialogue between the impaired body and the bus, the two become intertwined.

Comfort

For the impaired body, the lines between physical safety and comfort are blurred. When pain can be inherent to your experience of physical movement or exertion, maintaining a sense of comfort while mobile is difficult. Your sense of vulnerability while in public, in and among so many movements and factors out of your control, is heightened. There is no prevailing definition of comfort here which I can draw upon. Instead I will provide several definitions which encompass the aspects I wish to cover. Shove, in her research on encouraging 'greener' consumption habits, draws on John Crowley's interpretation of comfort as "self-conscious satisfaction with the relationship between one's body and its immediate physical environment" (Shove, 2003, p. 398). Acknowledging the immediate physical environment is important, however, for my purposes the concept must also include the influence of sources of discomfort which are solely corporeal.

Research on the role inhabiting public space plays in promoting wellbeing and providing therapeutic benefit cites feeling comfortable as an element of this effect. The use here is

more concerned with familiarity and feeling 'at home' (Dines *et al.*, 2006). An attempt to find a notion of comfort which can be operationalised by nurses in their practice describes it as a state "linked to outcomes such as ease, wellbeing and satisfaction" (Lane and Serafica, 2014, p. 690). This paper also explores the ways in which comfort is conceptualised as an absence of discomfort, something which I think will be apparent in my use of the concept. Finally, Bissell's (2008) exploration of the affective dimensions of being sedentary makes the important contribution of treating comfort as a relational, fragile, and complex. However, his focus on the sedentary body is not entirely appropriate for understanding comfort during mobility.

The following extract, from Jenny and Steve's interview, discusses how pain and discomfort must constantly be managed when mobile outside of the home. Steve is not initially forthcoming about this, and it takes Jenny's interjection to prompt him to admit it. This excerpt is derived from a section of the interview where Jenny and Steve discuss how they manage shopping trips by periodically resting. I asked them:

Interviewer: Why is it, what is it that makes you have to sit down? Is it pain? Or weakness? Or....

Steve: age really!

Jenny: no, you are in pain

Steve: I am in pain if I stand up a period of time yeah. I'd like to go to every bus stop and sit down to be honest, to take the weight off my legs. It's got steadily worse over the years.

The following section details the techniques, devised through use of knowhow, used to manage this. This need for people with impairments to manage their pain, weakness and fatigue while mobile is why, for example, places to stop and rest have been incorporated into Transport for London's framework for 'healthy streets' (Transport for London, 2017). These allow people to manage their fatigue whilst travelling and enable people who cannot walk very far unaided to do so. Here Steve and Jenny describe how they manage shopping trips through using the technique of resting on seats and benches. As Steve has advanced arthritis in his knees and hip, he can only walk short distances without experiencing pain and uses a crutch or mobility scooter, depending on the trip.

Steve: we take things in stages. You know you do a bit of shopping and then I'll sit down for a quarter of an hour in a shop. Or I'll go to a café and have a cup of tea. And then I get up and I do the rest of the shopping....

Jenny: we go in the precinct [the shopping centre] but they've got seats dotted along so you do a bit of walking then sit down for ten minutes then do another bit then sit down and another bit and sit down

Shopping requires spending long periods on your feet, so they manage this by breaking it up into smaller sections, incorporating rest time into tea breaks or particular shop visits. This is a trade-off – trips are more time consuming because of these rests. This is not a problem, however, as Jenny explains:

Jenny: well you know we've got nothing else to do. I mean you plan that the rest of the day is ours, we can do what we like. So, we usually manage to sort of...if we do that from the hospital [go out] we usually go somewhere and have a cup of tea or sometimes dinner, it's just a matter of working things out. We used to have lunch in the Wimpy bar but that's another walk where there's no seats but that's gone so that's had it now... You know, and there's no, I don't think there are any seats in between. I probably know all the seats...now. You could sit at the bus stop for a while actually. We might try that one day. Let's see.

Without any other commitments they can easily trade off some extra time in favour of feeling secure in the knowledge that they can manage the trip. Having cups of tea also allows them to incorporate elements of leisure into these rests, and they use these trips as an opportunity to have lunch or dinner together in the area. Steve is somewhat capable of walking further distances. The hospital he attends is spread across a large site and he must endure what would be “a seven or eight-minute walk for a normal person”. He manages this by standing still for periods during these walks, although it is uncomfortable enough for them to have appropriated a bystander wheelchair on their last visit. The struggle of walking the distance to Wimpey's without having seats to rest on is arduous enough to negate the pleasure of having lunch together at a customary restaurant; trading off this smaller pleasure is more acceptable than foregoing adequate healthcare.

Having lived in the neighbourhood for forty years, Jenny and Steve's knowledge of the area is a great resource for them to draw upon. They produced a narrative of changing tactics over the course of Steve's worsening arthritis, giving them time to acclimatise to the

changes and think explicitly about where seats, bus stops and cafes are. In this knowledge, they can feel secure in their ability to keep shopping and work out solutions. Moreover, they can employ this knowledge to anticipate new potential solutions, such as planning rests at bus stops. Each solution, however, comes with a trade-off, and requires them to calculate (consciously or unconsciously) what is befitting of their habitus. Steve does have a mobility scooter, for example, which he uses to go the hospital. Mobility scooters come with their own problems, however, which other participants flagged up. Annette highlights one of them here, while talking about using it in the supermarket:

I've been round so many times and knocked the biscuits down [cracks up laughing].
I'm not gonna do that anymore.

Anette presented herself as quite bold and easy-going, and having no problem demanding that people moved out of the way as I accompanied her on her trip to the swimming pool on her mobility scooter – she laughed about her embarrassment of knocking the biscuits down. Jenny and Steve on the other hand presented themselves as an independent and reserved couple. They mentioned their dislike of making a scene on several other occasions, illustrating this with anecdotes.

Fatigue can also build up over time, in terms of depleting your overall stores of energy. Mary, a stroke survivor in her mid-sixties, pushes a shopping trolley when walking, which she uses to support herself and also doubles up as a seat. She walks at a very slow pace and must be careful and considered about placing her feet since one of them “doesn't necessarily lift when... [she wants] it to”. Walking is thus both physically and mentally tiring. Living in a residential area in London's outer edge, approximately a mile from the nearest town centre, she is utterly reliant on her local bus route and has the timetable noted down in her mobile phone. The roads are long and winding with slopes. In early December, when I met her, wet leaves that lay un-swept on the pavement were an additional concern. In the following passage she describes the steps she took to manage her trip to the cafe we met at:

My local bus route, the one with the shortest distance between my house and the bus stop is a service which runs every one hour and ten minutes. So, I thought should I get the 10.33 or the 11.55 and I thought no if I get the 11.55 I'll be in the vicinity but I need 20 minutes walking time and I don't want to be late. The 10.33 is too early but it will allow me time to do something else and still be in good time. So that's how I planned the journey today. I also plan journeys in term of cost. Will I

have money that is not accounted for in my budget to take a taxi home if I get very fatigued. Because the effect that the stroke has had on me is that there is a loss of confidence because unlike everybody else I can't guarantee that what I did yesterday I can do today. Yes, it is...I can't rely on being able to rely on functioning the same way I did yesterday so I always try to build in a contingency so that became fatigued I could get a taxi home. I always have to have my mobile phone charged because it's my lifeline and I can get taxis and I could contact people for help or whatever. So it is a military operation...That's why I asked you to come so close. Because it's a regular journey, I do my shopping locally so I'm familiar with everything.

Although she describes losing confidence, she also reports developing several strategies to provide her with security. The first of these is the contingency plan of having taxi money. The implication is that by becoming fatigued she would find herself stranded. Her use of language - *building in* – suggests that her military planning is not just turn of phrase; the trip is innately constructed in a way which allows her to avoid being stranded. This is despite her knowledge of the area and how long the walk from the bus stop is. Having the money for a taxi is as much a part of the trip as meeting a PhD student at a coffee shop and deciding which bus she needed to get to arrive on time. The more concerning implication is that these trips may not be happening if she does not have contingency money. As her only sources of income are a state pension and disability benefits, this backup plan is not always a possibility. Her need to have contingency money and a tight plan of how she will execute the trip are also techniques of giving herself a sense of security while travelling. i.e. security *within* the trip.

Autonomy and independence

Finally, the importance of exercising and maintaining autonomy and independence was often apparent in participants' narratives about their mobility. Although a limited and contested concept (Schwanen and Ziegler, 2011), independence remains symbolically important in later life and is an important marker of value and self-identity. This resulted in attempts to maximise the degree of independence which could be performed through mobility. In the following extract Joyce, referring to ageing and increasing impairment, explains her growing reliance on others:

It does restrict you. You just can't go. You know I have to think well I can't do that, so I have to wait for my daughter. I've got a wheelchair and they can take me. But I

was somebody who goes out all the time. I could go here there and everywhere, you know.

Mobility is an important means through which this independence is expressed, and the loss of the ability to perform certain trips alone is experienced as a deprivation of independence. Joyce highlights that being very mobile was a part of her identity, which is increasingly threatened by this loss. Waiting for her daughter to take her and using a wheelchair are both techniques employed to abate this loss of independence. They also come with benefits; spending time with her daughter was a fulfilling experience and she spoke fondly of the fun they had Christmas shopping as her daughter pushed her around in a wheelchair. Tactics and techniques cannot always truly replace the sensations they are deployed in support of, however. Jenny and Steve, when talking about having to rely on cabs now that Steve has given up driving, express a similar sentiment. Jenny explains:

You know, you're always used to getting in a car it's.... you feel like you're going backwards really [from] how it used to be. With Steve not walking so well.... you have to think [of] where you're going and plan your route before you go now. It's just a bit more thought.

Taking a cab instead of driving is a convenient swap. However, the experience of having plan more, and lay more groundwork for the trip, is experienced as a greater burden. Nevertheless, cabs are also preferable to other forms of transport. Dial-a-Ride is a mode of door-to-door transport, offered to people receiving state benefits for certain categories of disability and people over the age of 85. It is free; however, the extent to which eligible people use it involves negotiating several factors with the resources they have available to them. Joyce, discussing going for lunch at a local priory, explains the restrictions of using Dial-A-Ride:

They'll get you there, and you have lunch, and then they come before you've finished eating. And you've gotta go. And Annette's had that. She's said oh, 'they're out there', and we've gotta go. You have to come, or you have go, when they're there. Because they've got to pick up loads of people.

Annette echoes some of this sentiment, describing the issues she had with getting Dial-a-Ride back from the swimming pool in time to look after her husband before their carer left:

Dial-a-Ride comes any time from half past 11 until 12 o'clock... I don't find that acceptable... it just doesn't suit me, and I can't bear hanging around. But... it

doesn't arise now with the mobility scooter I'm so entirely... independent, although sometimes I'd say well it's probably quicker on Dial-a-Ride... but I feel happier to be independent and to know well... if it's a nice day I can stop and have a coffee on the way back... As long as I get back...for Erwin [their carer] to go at half past 12 it doesn't matter...so I have that freedom... it used to be that I was waiting for Dial-a-Ride, I was getting into a state because I was thinking it wasn't coming on time... I was letting down somebody else... who was looking after Alan [her husband].

Annette's account pays specific attention to the freedom and independence she gains by eschewing Dial-a-Ride. Time is in shorter supply in this scenario, and her scooter alleviates the stress of not knowing whether she'll be able to fulfil her commitment to her husband and their carer. Joyce reacted similarly, in another instance choosing to drive to a nearby but smaller shopping street rather than taking Dial-a-Ride to one with nicer shops. As Annette shows, unpredictability which you do not desire can be experienced as a lack of freedom and a loss of independence.

7.7 The absence of tactics and techniques

As a counterpoint to the arguments I have made in this chapter, I want to provide an example of how an 'unknown' or unpractised trip may be viewed. Tactics and techniques are the mechanisms through which forms of mobility can be made mundane and uneventful; if the person has not had the opportunity to develop relevant tactics or techniques then a journey can seem daunting and stressful. Joyce is largely dependent on her car to facilitate her mobility. She is uncomfortable walking the 200 metres to her nearest bus stop and drives to a disabled parking bay closer to the stop when taking the bus (which is predominantly when she visits a cinema she cannot park very close to). When I asked her about when she last took a train, she outlined some of the uncertainty taking a non-routine mode of travel involves:

Joyce: a train...*oh my god*, [deep breath], a long while. I went to Norfolk on a train, quite a few years ago. Cause you've gotta get assisted travel. Assisted travel, and that's not easy. So you'd have to get a wheelchair at King's Cross and so, no I don't get a train very often. And that sort of, petrifies me. I'd rather not go. So, I wait for...my granddaughter she can drive, she'll take me...

Interviewer: why does it petrify you?

Joyce: well, I suppose I'm not in control of the situation, and you're reliant on uh, oh are they gonna find you, um, and I have got to make more of an effort. I suppose, I've got to make more of an effort. And you've got to be quite tolerant, they're not on time and you think 'what will I do?' you know, so I think oh no I can't get the train. Cause I could get a taxi, well perhaps that's me, lots of people do travel don't they when they've got disabilities? And I think oh, not on my own. If I have somebody with me, that gives you confidence and you're not solely on your own. You know cause if you're on your own I suppose I think you've gotta solve the problem

Control of the situation stems from developing strategies to manage, or control, situations. Joyce generally uses cars (both as a driver and a passenger) to get around, as well as taxis and occasionally Dial-a-Ride buses. The assisted travel service is designed to make travel as easy as possible for disabled people. The traveller is generally required to phone ahead, and the service will arrange their trip in advance (often planning it out for the person so they use the most accessible stations). However, the aspects of the trip which remain uncertain are still challenging. Finding whoever you need to assist you in a large and busy station and getting to that place can be difficult, especially if it requires walking. The reason Joyce feels that she would not be in control of the situation is that she has not developed the relevant techniques for managing these concerns.

7.8 Conclusion

In concluding this chapter, it seems worthwhile to reflect on the range of expertise, experience, and knowledge which help to constitute individuals' mobility. Being able to travel is the product of a lifetime of experiences being incorporated into dispositions which help people to navigate the barriers that they face in the transport system and built environment. Popping to the shop spontaneously involves far more than simply walking there; managing the body-environment interactions which this trip entails requires the development and deployment of specific tactics or techniques when your body's material constitution is disparate from that expected by the environment. Many of these things are taken for granted. However, they are exposed by the disruptions of chronic illness and disability. The threats posed by challenging body-environment interactions constitute not only a challenge to older disabled people's ability to express mobility, but also to their ontological security, which rests on the production of mundanity in everyday life. Tactics and techniques are ways of dealing with these threats and maintaining one's symbolically

constituted self. People constantly rework their practices and techniques to keep up with changes to their bodies (and the environment) and the available options for mobility are thus something that constantly need to be remade; we should not treat people's capacity for mobility as a circumstance which can be constructed and held constant.

If we want to improve older people's mobility, we need to improve the resources at their disposal. The Freedom Pass does this by removing some of the salient financial constraints; as Chapter Four demonstrated, the Freedom Pass is linked with a greater propensity to leave the house. However, there are other types of capital (resource) which produce people's mobility practices. Given the difficulty older disabled people face in using public transport, the financial burden of taking taxis or maintaining cars can also be constraining. As yet, there is no means of overcoming the symbolic deficit incurred by having to use Dial-a-Ride, which stems from its potential to undermine the enactment of independence. Although Higgs and Gilleard (2017) argue that corporeality is the greatest source of division and inequality in later life, I have demonstrated that the impact it has on mobility, one of the primary sources of wellbeing, meaning, and symbolic value in later life, is modulated by the other resources older disabled people have at their disposal. Corporeality is something which is negotiated and resisted through the deployment of economic capital, knowhow, and social capital.

I have established that independence was an important component of participants' ontological security, as well as an important element in normative constructions of respectable personhood. However, I have only engaged with this notion on the basis that it is important to older and disabled people as an *in vivo* category. That is, independence is important because older people utilise it as a valued criterion. The next chapter takes a more critical view of independence, scrutinising how it is constructed, negotiated between older disabled people and others, and how Bourdieu's theories can be used to look beyond its symbolic importance.

8 Negotiating independence, co-constituting mobility

8.1 Introduction

This chapter will expand on some of the analysis of independence I have presented in this thesis by demonstrating the interdependencies enacted by older disabled Londoners, their friends and family, as well as transport staff, through mobility. Although my analysis will take some influence from the work of actor-network-theorists, I hope to demonstrate that Bourdieusian theory provides more effective tools with which to understand the interdependencies of older disabled people in London. First, I investigate how the value independence is constructed and maintained despite the unavoidable (inter)dependencies of social life. Generating independence is a collaborative act, evident in the narratives generated by both older disabled people and transport staff. Through this investigation we can see how independence relies on careful negotiations of the symbolisms behind particular actions. To properly contextualise this, I have drawn on Mauss's (2001 [1925]) theories of the gift exchange, which has allowed me to demonstrate the benefits both older disabled people and transport staff gain from these negotiations. Mauss's theories allow me to accentuate the symbolic exchanges which take place through interpersonal interactions on, and related to, public transport. This, in turn, highlights the importance of these exchanges to the interdependency between older people, transport staff and other travellers; their identities and the forms of distinction and recognition they derive through mobility are reliant upon these exchanges. After my discussion of these forms of exchange, I use an extended example from my field diary to demonstrate that mobility is collaboratively constituted and contingent upon assemblages of human and non-human agents. After this I return to Bourdieu's theories to resituate my analysis within his framework. I argue that Bourdieu's theories provide a way of understanding the inherent interdependency of subjectivity whilst accommodating and maintaining a critical view of the importance of independence in later life. To start with, I discuss some of the problems associated with understandings of independence.

8.2 Locating independence

Independence, although central to so much coverage of ageing, disability, and mobility, is notoriously hard to pin down as a concept. For example, Michael Oliver (1989) has argued that the disability rights movement's emphasis of 'independence' as an aim has been undermined by the differing conceptions of independence held by disabled people and medical or social care professionals. According to Oliver, disabled people define

independence in terms of being in control of and making decisions about one's life, whereas professionals consider it to be based around the individual performance of self-care activities like washing and dressing. Oliver's argument reveals the multifaceted and contingent nature of independence, as well as the difficulty in interpersonal negotiations of independence.

Although most understandings of independence are broadly concerned with not being reliant on others, particular forms of dependency are more potent than others. For example, Schwanen et al. emphasise the dependency older people perceive in relying on other 'human agents' for lifts rather than taking the bus, despite the bus also involving being driven by another 'human agent' (Schwanen, Banister and Bowling, 2012). Perhaps the reason for this distinction is that the human agent controlling the bus is incorporated not only into a cyborg-esque interaction with the bus, but also the transport system as a whole; the relationship may be less intimate or personal. Nevertheless, that relying on lifts appears particularly 'dependent' is testament to the normative assumptions inherent in understandings of independence. Taylor (2011), for example, highlights the problems with the prevailing view that independence is a product of rational autonomous action, linking it to a troublesome distinction between the individual (or the self) and the social. He argues that the self should be viewed as relational and that 'genuine' agency may be found within social relationships and the mutual support they generate rather than individual rational cognitive action. Thus, use of welfare services is often (negatively) equated with dependency, a trait which confers inferiority (Weicht, 2011), rather than being viewed as constitutive of agency.

Independence and dependence are socially constructed and the way they are applied differs depending on the cultural context. For example, research studying older people's notions of independence in Wales found that it differed between private dwellings and care homes; different residential contexts prompt different understandings of independence (Hillcoat-Nallétamby, 2014). What is stigmatised as dependent is also contingent upon context. Although welfare service use is stigmatised, research has identified that older people view entitlement to state pensions as unproblematic (Milton *et al.*, 2015; Green *et al.*, 2017). The authors of that research suggest that this because state pension entitlement is universal whereas means-tested or specifically targeted benefits are more associated with dependency and vulnerability by older people. Milton *et al.* put this down to the 'generational habitus' shared by their participants, which emphasises work and self-reliance; universal benefits are framed as rightfully earned through a lifetime of

work (Milton *et al.*, 2015). Individualised assessments of entitlement to benefits (such as means or needs testing), however, beget questions over deservingness and call into question the recipients' capacity for self-reliance. This attests the role that independence and dependence play in regulating normative moral personhood; the problems with receiving specifically targeted welfare benefits seemed to be associated with deviating from normative entitlements. However, it is also clear that independence has manifold and varying meanings depending on the subject and the circumstance in question.

Schwanen, Banister and Bowling (2012) attempt to overcome the independence/dependence distinction through engagement with actor-network-theory and post-actor-network-theory. This line of thought emphasises the mutability of social phenomena by exploring the different components which assemble to produce them. Independence, they argue, is a multiplicity which is mediated through dependencies on various human and non-human actors. Regardless, participants in their research generated narratives which reproduced the independence/dependence dichotomy. We can contextualise this through Bourdieu's understanding of the social world. Although the independence/dependence dichotomy is problematic, it is a prevailing marker of personhood which is inculcated into one's habitus through exposure to the conditions in various social fields. That particular actions or characteristics signify independence or dependence is doxa (taken for granted). It is clear that there are some paradoxical qualities to the myriad definitions of independence, and its construction does not necessarily correspond to the crude material conditions which underly it. Nevertheless, people have inculcated these paradoxical notions of independence into their subjectivities and experience the shame, stigma and marginalisation denoted by failing to meet them. This was visible in my own research; Linda's account below outlines how one's sense of independence can accompany them on their trajectory through later life.

I always worked from 16 to 60 and that was like a 9 to 5 job. Brought up a family, run a home, and I think I come from a generation where... you just get on with it. And you maintain your independence. And my mum was like that, my dad was like that, cause I was born just before the war so there wasn't any molly coddling, you just got on. And maybe I've just been lucky in being physically active and...it could be the genes, I don't know.

Linda's sense of independence is partially derived from her career and her motherhood. She produced this narrative in response to a question about how she managed to stay so

mobile, demonstrating the continuity she feels her independence gives her in later life. She is performing a degree of moral virtue and self-reliance; we can juxtapose her mention of work with the dependency associated with being out of work and reliant on unemployment benefits. However, once she has done this she feels able to acknowledge factors which are not the product of her own agency; her genes and the historical conditions which helped to forge her subjectivity (although this also serves the purpose of avoiding appearing arrogant). Behind this reference to genetics is an acknowledgement that although she experiences impairment, her corporeality (bodily composition) allows her to continue travelling frequently and 'independently'.

Other participants made similar acknowledgements, attributing aspects of their mobility and independence to external agents when they felt comfortable doing so. Moreover, they often felt at ease identifying factors which interfered with their ability to perform independence. The accounts previously presented in this thesis, for example, have emphasised the ways in which transport modes like Dial-a-Ride, technologies like mobility scooters or the actions of other people in public places may have affected participants' ability to perform independence. These factors are exposed by transitions to and between different bodily states (i.e. different forms of impairment) and forms of marginalisation (i.e. disability). However, participants often overlooked factors which can be seen as equally as relevant because they were unproblematic for them and thus remained unrevealed. The significance of living next to a bus stop or near a station with step-free access, for example, was obscured from those who had always lived near one. Likewise, those who had generally relied on car travel displayed less of an awareness of the intricacies involved in bus travel.

One thing that did not go unnoticed, however, was the importance of bus drivers, station staff and other people working on transport services to aiding participants' 'independent' travel. Most participants were more dependent on the assistance of transport workers than younger people yet did not necessarily experience this as a hindrance to their sense of independence. Negotiating this sense of independence was something that older disabled people *and* transport staff mentioned, which prompts further enquiry.

Before embarking upon the main body of my analysis, I will briefly define what I understand independence to be. In dealing with participants' notions of independence, I largely follow Schwanen, Banister and Bowling (2012) in taking it to be a 'fuzzy' notion with shifting meanings. As I will outline in this chapter, the characteristics or behaviour which

participants considered to enact or undermine independence were somewhat contingent on the material conditions they faced. For those whose corporeality was more in line with the expectations of the environment or who had greater financial capital, independence was incorporated into a different set of activities or characteristics to those who experienced greater impairment or had less financial capital. For example, participants who had given up driving experienced taking taxis as a step 'backwards' and loss in independence, whereas those who had never driven were not reliant on driving for their sense of independence. Nevertheless, the broader themes beneath their understandings of independence were similar; self-reliance, autonomy, control over the times and places in which they undertook activities and not having to depend upon others. I will now turn to the negotiations which permeated the performance of independence during mobility.

8.3 Negotiating independence

There was an acknowledgement among older disabled participants that ageing inherently entails some loss of independence, which would be reflected in their mobility. Whether they put this down to their impairment or problems with accessibility varied from person to person and was in part a product of whether they had been politicised as an older or disabled person. For example, in the following extract, Joyce directs some of her frustration at 'people in planning' who treat disabled people as a lower priority. She told me:

Not that many people in planning and all that, they don't think about that [inaccessibility] I don't think.... disability is a lower priority.... And it does restrict you. You just can't go. You know I have to think well I can't do that, so I have to wait for my daughter. I've got a wheelchair and she can take me. But I was somebody who goes out all the time. I could go here there and everywhere, you know. And it's quite frustrating that you can't, you think 'oh', well I can't do it. And you've got to try and accept that and, when you're getting older, well it's just a fact of life that you won't always be able to do things.... and I'm not ill enough to have a carer, it's just family that's got to do it.

Although Joyce does not explicitly mention independence here, she is juxtaposing her ability to travel spontaneously and independently with having to depend on others (family members in this case). She indicates that she puts her increased difficulty in travelling independently down to both planners and a fatalistic acceptance that ageing entails restriction. Although having to rely on family members was not ideal, the experience was not completely negative; she gave examples of trips she needed to take with her daughter

which she enjoyed and valued. Joyce was 82 at the time of the interview and was only able to walk short distances, although she maintained volunteering commitments and an involvement in her local church. She still lives 'independently' (i.e. in the community) and determines what she does and when she does it, within the confines of not being able to walk long distances.

In contrast, some younger participants were less fatalistic about reductions in their sense of independence and more strident in emphasising the efforts they made to maximise it. For those who seemed more concerned about the stigma of appearing dependent in some way, admissions of dependence generally seemed more acceptable when they had been somehow 'wronged' by others in the public sphere or transport planners. A lack of step-free access or a driver not intervening to help them confront another passenger taking up the wheelchair space are examples of this, with TfL often being the ultimate subject of their ire. A lack of independence is then, in this light, less likely to appear as a personal moral failing, but instead an injustice inflicted upon them. This is not to say that the participant's grievances are not legitimate; as I have indicated in previous chapters the built environment and transport system can be inhospitable for older disabled people. However, the stigma of appearing dependent can be challenged with competing narratives which place the onus on the moral failures of others. Failing to provide recognition to older people or being *too* self-interested are good examples. In this light, the older person can present themselves in a more vulnerable position to exacerbate the other party's malfeasance. The arguments put forward by the disability rights movement also provide a means with which to resist this stigma, and the broader implications of the independence/dependence dichotomy (for example, through implicating society at large of moral failings).

In some situations which arose during travel, participants felt that their independence needed to be defended. While using public transport especially, there could be a need to resist efforts from others to provide them with unrequested assistance. This was communicated to me in interviews. However, I also witnessed it on several occasions on buses and in stations. During go-alongs, this was because I was separated from the participant, so it seemed they were travelling on their own and had no one to assist them (should they need it). Mary, for example, reacted angrily when someone attempted to help her onto the bus without asking first. The problem here is twofold. Firstly, the other passenger's assumption that the older disabled person needs help is a misrecognition and an assumption that they *need* assistance. Secondly, they *were* travelling independently and

although perhaps seemed more precarious when stepping up onto the bus, they had developed techniques for doing so and manage any precarity. Unrequested interference interrupts their technique of boarding the bus as well as their sense of security.

This was something that bus drivers and station staff demonstrated a sensitivity to. In their narratives of helping older and disabled passengers, noticing that an older person needed them to provide additional assistance while simultaneously recognising and respecting their independence was something that needed to be done delicately. In the following extract Felicia and Dean, two bus drivers, describe how they decide whether they need to pull right up to the curb and lower the bus when stopping to pick up passengers. They told me:

Felicia: We're always told in training not to judge a book by its cover... but in reality, nobody does that.

Interviewer: So, what are you looking out for?

Dean: Whether there's a seat there or not. If they're sitting down that's your window of opportunity to have a look, see how they're getting up. Are they moving slow? Normally you can see it anyway. If they spotted you from far, they've got good eyesight, so they haven't got any visual impairments or anything.

Felicia: If they're moving freely. Like getting up and if they're going extra hard to flag you down. And normally the signs are there but there are occasions where you get it wrong.

Although regulations differ between bus companies, generally bus drivers are told to pull in to the curb and lower the bus's suspension at every stop. This is something they were widely purported not to do. It was a common complaint in community groups I attended, appeared in almost all interviews I conducted with older disabled participants as well as bus drivers, and I witnessed it on several occasions during go-alongs or my own personal travel. That it did not always happen seemed in part due to expediency and the difficulties of manoeuvring up to the curb on crowded streets.

Felicia and Dean describe trying to recognise and pre-empt passenger's accessibility needs. However, they also spoke of the potential this could have to cause offence, recalling occasions when passengers had not appreciated their efforts to make the bus more accessible. In the following extract Marcus, another bus driver, recalls an example of when his attempts to provide assistance offended a passenger.

I've had people shout at me and then I said well actually I was trying to help you out. And then they say, oh, I don't need your help. And this was a lady, this was an older lady with arthritis. And she was limping, so you know I drove, made sure I was next to the kerb. Lowered the vehicle. And she was like, I don't need your help.

Marcus relayed this anecdote as an example of how driving a bus can be a thankless task. However, it is revealing of the negotiation that must take place between older disabled people and others while they are mobile. Ensuring that they receive recognition of their independence and self-reliance occasionally requires mounting a defence of their independence in the face of assistance from others. This is something I discussed with participants prior to go-alongs – whether I should help them with anything during the trip. Moving collaboratively with others requires a sensitivity to their sense of independence as well as your own.

In a broader sense, independence has been a defining feature and demand of the disability rights movement (Oliver, 1989). Participants who were more aware of this movement and its tenets incorporated this into their understandings of their own independence, although others appeared to have reached these conclusions on their own. In this light, general issues with travel and accessibility were contextualised as barriers to independence. Elcena, who had campaigned for more accessible transport, highlighted that being unable to get a seat on the bus was an impediment to her ability to be independent. However, rather than challenging this, she explained that she often took a more pragmatic view. She explained to me:

I quite enjoy going about doing my own little thing in my own way. And I suppose other disabled people would like to do that too. Just get yourself ready, go out, get to the bus stop. Get the bus, have a seat, and if there's too many people on the bus [to get a seat] and you're not in a hurry, just get the next bus.

Although you may be required to defend your independence in interpersonal interaction, its mutability means that it can be traded off pragmatically for a broader ability to travel without interruption of hassle. Elcena's identity as an independent and self-reliant person is contingent upon her ability to be able to go about her day-to-day life unencumbered by constant struggle over recognition.

I have provided examples of the reported offence that making presumptions of another person's independence can cause, but older participants generally expressed a great deal of gratitude to transport staff for the assistance they received. Being grateful for help was

not inconsistent with appearing independent and in fact seemed to serve the purpose of ensuring that the relationship did not feel dependent. Whether older and disabled people should feel gratitude for receiving help which makes the transport system and built environment accessible for them is a political question. The important point here is what older disabled people gain from demonstrating this gratitude. Although it is a matter of politeness and courtesy to recognise someone's assistance, it is also a means of demonstrating that you are aware of the help you have received and are not so dependent as to take it for granted. Furthermore, by recognising their assistance, you are demonstrating that you have made a choice to accept their assistance and are not completely dependent upon it.

8.4 The gift of assistance

Mauss's writings on gift-exchange provide some illumination on the negotiations which take place through assistance and help during mobility (Mauss, 2001 [1925]). When he eventually turns his theory onto his own society, having developed it through studying 'archaic' (or pre-industrial) cultures, he notes that gift exchange remains a circumstance where "obligation and liberty intermingle" (Mauss, 2001 [1925], p. 83). The gift is concerned with independence and dependence because of its relationship with obligation, its demands of reciprocity, and its potential to aid people in need. The demands that obligations place on people and the threat of appearing dependent when your needs are responded to by others hold clear implications for one's sense of autonomy or self-reliance. Obligations are forms of social pressure which limit one's ability to act 'autonomously' and are more culturally explicit than those we can discuss through, say, Bourdieu's understandings of the habitus. Being dependent upon the gifts of others puts one in danger of the moral failure implied by an inability to fend for oneself. The obligation to reciprocate is thus an obligation to demonstrate one's equal standing.

Mauss characterises the gift-relationships of archaic societies as collective, in contrast to the individualised nature of gift-giving in industrialised liberal societies. He holds these qualities to be universal among archaic societies; industrialised liberal societies were preceded by these forms of collectiveness and have subsequently strayed from them. Although the positivism in his search for universal laws is perhaps anachronistic, it does not weaken the utility of the analytical tools he provides. Nevertheless, he saw in the ongoing development of the welfare state (at the time of his writing) a return of these collective values. This is something we can see in the provision of free travel for older and disabled

people, for example, which I will cover in greater detail later. The assistance of transport staff is different, however, due to the interpersonal nature of the assistance as well as the potential for it to be administered unequally. As it is delivered through the interactions between public-facing transport staff and older disabled passengers, any mistakes they make are more visible or immediately notable than those made by the computer systems or distant bureaucrats that administer state pensions or Personal Independence Payments.

Central to Mauss's argument are two important points. Firstly, that there is no such thing as a free gift; gifts are always implicated systems of reciprocity and self-interest. This is not to say that concern for others cannot be a component of the exchange, just that a gift can never be 'pure' or completely gratuitous. Secondly, the principle of the gift exchange is the logic which governs social relations. Bourdieu drew extensively from Mauss as he developed his conception of the social world, which is visible in his understanding of the role that the exchange of symbolic capitals (or goods) play in constituting social relations (Silber, 2013). I will argue in the following paragraphs that, through these analytical tools, we can reclaim a view of the interdependence pervading social relations.

Transport staff obtain forms of value when helping older and disabled passengers. One of the most obvious examples of this is recognition from their employers – two of the drivers I interviewed had received awards for the standard of the customer service they provide for example; some bus garages honour drivers for particularly noteworthy examples of good conduct on wall displays. A more potent driver of the value they gained from the exchanges of assistance, however, was contribution it made to their sense of identity. Ian and Natasha are two Dial-a-Ride drivers I interviewed. When asked whether they enjoyed their work, they told me helping people was one of the major pleasures involved; making conversation and making sure passengers were safe, for example. Ian said:

For many years working for Dial-a-Ride it's felt like I'm just doing something I love, you know. Which is, a lot of the time, putting a smile on people's faces, you know. And making a difference to their life. Sometimes we're the only people that these people see for a week, so you know. It's a, it's a big difference to someone's life... and people rely on you. Over the years. I mean the down side to the job is you, you see a lot of people pass away.

Being able to put a smile on someone's face – bring joy to them - is a claim to distinction and importance. This does not need to be a cynical understanding of the assistance they

offer; I took their enjoyment and pride in helping and building relationships with older and disabled people to be genuine. However, they are also implying a certain dependency on the part of the passenger. Presenting themselves as the only person the passenger sees in a week situates them in a more powerful position where other people depend on them.

Although it could not be described as a gratuitous gift, the role some transport staff played in promoting older people's independence through introducing them to different activities is perhaps closer to a less 'self-interested' form of gift-giving. Dial-a-Ride and Community Transport staff reported building relationships with passengers and making them aware of other services in the area. Encouraging passengers to go to lunch clubs was one example. This was most evident in the account of Trevor, a community transport driver with whom I spent the morning. The following field note extract describes his interactions with one of the passengers we collected on that morning.

The second person we picked up was a woman he knew quite well. Trevor knocked on her door and she said she was almost ready (we arrived early). After a moment she came out with him, hobbling slowly and holding onto his arm. She was able to go up the steps of the side door, which fold down to the pavement, without too much trouble although she had to catch her breath once she sat down. I spoke to her a bit on the journey, but she spent much of the journey complaining to Trevor about someone called Tony who had been annoying her and had been rude at a lunch club. Although I was able to ask her about it a little, it was clear this was something they had spoken about before and I did not want to interrupt the conversation too much. Trevor was the one that initially put her in touch with the lunch club because he thought it was such a good deal for the price, having taken other passengers there and helped them inside. He therefore knew quite a bit about her experiences with the club. (Field note, June 2017)

After we dropped her off he spoke to me quite frankly about his emotional attachment to more regular passengers and recalled attending an ex-passenger's funeral because he felt as though they had a relationship. He went on to say that he would feel the same way about the woman we had just transported. He described wanting to ensure passengers he had developed this level of relationship with travelled and socialised more. Although assisting people from their door to the bus and back again was an important feature of his job, the rapport he developed with passengers and the broader ways in which he described trying to help them went beyond his responsibilities as a driver.

I came across many people who reported being informed of community groups, lunch clubs and other potential activities by others; this could be social workers, other older disabled people, or transport staff they had developed rapport with. Arguably, there is a lesser degree of self-interest within these gifts as they involve the passenger travelling elsewhere independently. Presenting an ability to help facilitate greater mobility for others is still a claim to distinction. However, the descriptions and interactions I witnessed surrounding these relationships also seemed to be infused with genuine warmth and affection. Other participants recounted examples of bus drivers that gave them Christmas cards, or asked whether they had seen other regular passengers who they had not seen for a while, for example.

Claims to these forms of value were not restricted to Dial-a-Ride and community transport drivers. Bus drivers described to me that helping older and disabled passengers as doing the 'human' thing; a natural and inherent obligation. This choice of words seems significant, which the following example explores. A bus driver I spoke to at one bus garage complained to me about the training courses bus drivers have to do. The courses in question were intended to improve driver's interactions with the public, teaching them how to provide a higher level of customer service. This driver was dismissive of that notion, which the following field note describes.

I asked him about helping more vulnerable older people and whether training would help and he told me; people get on and you just have to be flexible or tolerant. He gave the example of an older man who always got the same bus between 8 and 1am every day. The bus reaches its destination and turns around during that time, and he would try to stay on the bus. He only got the bus because he was lonely and getting the bus was "how he got his kicks". Just being around people or being in public, being outside of the house. When he eventually got off at the last stop of the last bus for the day he'd give the driver 3 boiled sweets as a thank you and be on his way. A lot of the drivers knew him. There was one who called up the control centre saying there was a man who wanted to stay on the bus when they'd stopped whilst waiting to do the return trip and he got on the radio and said let him be he's just there to be out and about. Sometimes new drivers would be startled if they switched drivers when it was stopped and realised this man was on there. Once a driver kicked him off the bus and the driver I was speaking to told me he saw to it that the person responsible for kicking him off was never allowed to drive that route again. (Field note, May 2017)

By presenting the assistance drivers need to give as simple (just a matter of flexibility and tolerance), the driver laid claim to an inherent virtue which he could rely upon for guidance in those situations. His account of helping the passengers on his bus is somewhat paternalistic; he assumes an influential role in governing the flexibility and the social relations which take place through the bus. We can see the symbolic exchange with this; in return for his assistance he is laying claim to the symbolic value garnered by helping others.

Other drivers also made a distinction between what training courses could teach and the 'natural' or 'human' dimensions of assisting passengers; the training courses teach you how to deliver 'five-star service' to all passengers whereas helping older and disabled ones is a natural propensity. The training involved what they portrayed as inauthentic forms of interaction, similar to what Hochschild (1983) outlines in her concept of emotional labour. These forms of labour, or assistance, would theoretically be delivered to all passengers. However, for some older, disabled, or younger passengers, the type of assistance described would be treated as more genuine. This was what staff described as 'doing the human thing'. Danielle, a station staff member, explained this to me. She said:

I think when you're dealing with people you need to have some, not sympathy exactly but, you want to help people who need your help.

This is part of Danielle's job; she is paid to help passengers with visual or mobility impairments. However, like bus drivers, Dial-a-Ride and community transport staff, this was a part of the job which was attributed particular importance. These are the more individualised forms of exchange that were visible through driver's accounts of the assistance they gave, as opposed to the more collective forms of giving I will discuss shortly. Before that, I will make one more point to provide further illumination of how independence is negotiated between the different parties. This concerns one of the things older people gain from being assisted (asides from a greater degree of mobility).

I have described how drivers try to pre-empt who will require them to pull the bus into the curb and lower it. This helps to avoid disputes about misrecognition. Another thing older people gain from this is a more seamless experience boarding the bus. Any struggle they may encounter getting onto the bus makes them more visible and exposes the dependence they have on the material agents of the bus (for example the handrails and the suspension) as well as the driver. If the driver successfully accommodates their needs, other passengers are not made so aware of any difficulty they may have. For example, in the following interview extract, Annette describes the importance of being able to get off at the front of

the bus for her and the experience of not being able to. She told me:

It has happened to me that I've gone out of the back, this isn't on a 236 this is on the other [buses]. I was going up Stoke Newington High Street you know just at the bottom of the hill before you arrive at the station. And where the bus stopped there was a dip in the road and I just couldn't do it. So, I had to call out and say I can't do it you know so can I come to the front or can you move nearer to it. Which they did, but it just makes it that much more unpleasant you know. And you rely on other people sort of calling out as well. You know. You know "she can't get off" they'll say, things like that. But it's better if you can just do it without anybody having to do anything.

Having other passengers call out and publicise your inability to step down off of the bus exposes you to a greater degree of scrutiny and reinforces the injury of being unable to step off of the bus. Not only was Annette reliant upon the bus driver to correct the vehicle's orientation to the curb, she was reliant upon other passengers to alert the driver to this. Thus, building relationships with drivers also reflects an element of their self-interest. A good relationship with a driver makes their (inter)dependency less visible and their travel more straightforward.

Finally, it is worth pointing out that some collective gift-giving was visible in the accounts of both drivers and older people. For example, Ronald, a bus driver, described to me why going out of one's way to assist older passengers was important. He made less effort to describe his efforts as altruistic than other participants and made less effort to try and portray any elements of his job as particularly rewarding. He indicated that it was more a responsibility that came with his job rather than any expression of solidarity or broader responsibility to others. However, when describing an occasion where he helped a man with dementia who had forgotten where he wanted to go, he told me:

That could be your dad.... So, you just think of it like that, it makes it easier. Just to make it as easy as possible for him because that could be your dad, it could be your uncle.

Ronald suggests that he finds it easier to help older passengers if he likens them to senior family members – fathers or uncles. In saying the passenger *could* be your father or uncle, he is recognising the interdependency of social life. He would want his family members to be well-assisted when travelling and for that to happen he must do so for others. The gift of

assistance is an exchange with the wider societal collective, which is to be reciprocated by comparable treatment of his relatives who may also be in need. His decision to provide the example of his older relatives as a motivation for providing assistance is also revealing of the broader interdependencies that stem from being vulnerable to the way others treat you. The exchange of assisting others is not purely altruistic and incorporates a motivation to ensure others assist you and those you care about in the same way.

Ronald's point mirrors one which older participants often made. In defence of their rights to access the transport system and other areas, they made appeals to the commonality of their experiences. This was true for both the difficulties they faced relating to age and disability. For example, when talking about the difficulties with getting a seat or moving past other passengers on the bus, Elcena said:

You could walk through that door and fall down, put both hands out to stop yourself from banging your face, and then you don't have arms. Next day you'd need somebody to wipe your bottom

In one respect she is scratching at the fragility of the independence/dependence doxa; only a misfortune keeps one from stigmatised forms of dependency. This is also a nod to the normality of disability - it is a common experience. Like Ronald, she is appealing to the commonality of experience, and the inherent vulnerability to impairment or ill-health; It is a demand for recognition on that basis. In order to receive the gift of assistance when travelling, you should be prepared to give in return.

The Freedom Pass also fell into this category of collective gift. As Milton et al. (2015) argued of the state pension, the Freedom Pass was not perceived by older people as a signifier of dependency. Rather, it was an unproblematic entitlement and an exchange for prior contributions to society. Perhaps this is in part because of the centrality of public transport to mobility in London; good public transport is available in London as a right and is thus not stigmatised as it is elsewhere (Green, Jones and Roberts, 2014). As people age, entitlement to free travel becomes part of this right. Even for those who professed to being wealthy enough to easily pay for all of their travel (with some hint of guilt), receipt of the Freedom Pass was taken as a requital of senior citizenship. For those who relied on the Freedom Pass, it did not seem morally compromising to stress how vital it was to their everyday mobility. It was instead described as a 'godsend' or a vital means of maintaining one's participation in the wider city. Likewise, Jones et al. (2013) have presented evidence

suggesting that concessionary travel entitlement in itself combats older people's perceptions of social exclusion, bolstering their sense of belonging in the city.

Thus far, I have laid out the system of symbolic exchanges which permeates older people's mobility on public transport. I have argued that these symbolic exchanges are the mechanisms through which the independence/dependence dichotomy is negotiated, although I identified forms of collective gift-giving which subverted this system of symbolic domination. These negotiations are the workings of a misrecognition which, in Bourdieusian terms, takes the hierarchies generated by symbolic domination as natural, rather than seeing them as constructions emerging from salient historical and material conditions (Bourdieu, 2000). Elcena, in her appeal to the possibility that anyone can become disabled, is fighting against this misrecognition. Individuals and social groups are more dominant or subordinated in the field of morality depending on the symbolic capital they are able to generate through demonstrating independence. These same structures are written into the built environment and transport system in the design of stations, buses and the behaviours of other passengers. These forms of symbolic domination can be recognised as such; the social model of disability for example has done much to develop a 'class consciousness' among disabled people of the material conditions they face (Bourdieu, 2000). The social model thus provides a means of deconstructing the doxa, although it can also entail problematic understandings of independence.

Now I would like to use an example from my field diary to explore the collective constitution of mobility and look at the interdependencies involved. Similar to my arguments about tactics and techniques in Chapter Seven, these forms of interdependency are also more widely applicable. However, older and disabled people are exposed to the weakest points in this doxa due to its paradoxes. The following example, which stems from some of the bus trips I took soon after I commenced fieldwork, outlines how a particular moment of disruption on the transport system brought to the fore some of the forms of interdependence which underly everyday mobility. These interdependencies incorporate other human agents; the bus driver and passengers that provide assistance, for example. Moreover, these interdependent networks also incorporate the non-human agents which make up the bus (and wider transport system).

8.5 Transport staff and the production of mobility

On a Wednesday, at mid-morning, I sat at the back of the bottom deck of a bus travelling across north London. As we arrived at a stop on a busy intersection, near a large

supermarket, the bus came to a halt and opened its doors. One or two people boarded. However, rather than instantly closing its doors and moving off again, the bus dwelled at the stop. From the back, I was able to see an older woman who was pushing a shopping trolley (the type sold to consumers rather than used within supermarkets) attempting to board the bus. She seemed very frail, weak, and was struggling. Partly holding onto the trolley to support her as well as push it forwards, she tried to manage the gap between the curb and the bus. The driver, trying to help her, closed the doors and slightly reversed the bus to swing back closer to the pavement. When he had done this, he used the bus's hydraulic suspension to lower it to pavement level.

By this time, a middle-aged woman who was also boarding at the stop had offered her help, although I was not sure how much of a say the older woman had in this. The middle-aged woman had a fairly brusque manner which was softened by the way she spoke to the older woman; calling her 'darling' and 'my love'. Although her assistance seemed caring, I was unable to tell whether the older woman had asked for the help or was even able to reject it if she wanted to. She did not appear to be able to manage boarding the bus without assistance and seemed too consumed by the effort of getting on the bus to speak in much detail.

The younger woman tried to carry her plastic bag for her, which was looped over her arm, but she rejected her attempts and insisted upon carrying it on her own. The uncertainty in the relationship was conspicuous – which leg first? Why don't you grab that handle there? Can I give you my arm? How much help did she need? When does help become interference? And when does interference become help? One or two other people dithered behind them and wondered if it was necessary or appropriate for them to try to help as well. Using the bus's metal hand rails in one hand, and holding onto the younger woman's arm with her other, the older lady made her way to the priority seating closest to the front of the bus. The younger woman brought her trolley along, placing it beside her.

After she had sat down, she apologised to a woman with a buggy who had been patiently boarding behind her, who responded that she had nothing to apologise for. By this time, everyone sitting on the lower deck, and one person who had come from the upper deck to find the reason for the delay, had fixed their attention on the older woman. The normal atmosphere of civil inattention and disinterest from and towards other passengers had been disrupted, exposing her to our gaze. Because of this, it seemed as if the apology could have been directed at the whole bus. One moment emphasised this disruption of

normality. The bus driver, sensing that it may take her a while to board the bus, turned off the engine. The vibration of the engine stopped, telling everyone on the bus that something was amiss even though they had not witnessed the older woman boarding. This was the moment when someone came downstairs to look at what was happening.

When the older woman moved to get off a few stops later the younger woman who had helped her before seemed unsure whether to assist her again until an older man sitting just in front of me told her to (I was not sure that he was the reason she got up to help, but perhaps he was the catalyst). Another passenger seemed to brace themselves to get up and help, until they saw the woman who had helped previously do so. Everyone had again turned their attention to the older woman to witness the situation unfold.

There seemed to be three causes for this attention. Firstly, the disruption was a spectacle and an interruption to the mundanity of mid-morning bus travel. Secondly, there was someone who seemed in need of help – who was best placed to provide it to her? Finally, buses are constituted through their incessant motion; all of the passengers on the bus were linked by their desire to keep moving. As long as this woman struggled to get off the bus, this would not be the case; how could this be rectified? Through these two imperatives, the conventions governing relations between passengers on the bus were disrupted; the space became public in a more vocal and open manifestation.

Collaboration became more possible; the bus driver made the bus more accessible, a woman stepped in to help and others looked to see if they could assist. It appeared (to me, and to other passengers from what I could tell) that the older woman was unable to manage bus travel without assistance from others; the 'public', in collaboration with the bus driver, played an instrumental role in constituting her mobility on this occasion. Nevertheless, it seemed to be an uncomfortable experience for her. She did not have much say in how she was assisted and was exposed to the entire bus's gaze, feeling the need to apologise for her presence. Her experience jars with the accounts other participants gave me, or other situations I observed, where assistance was appreciated as an act of recognition. It is hard not to feel that the woman in question here did not experience the scenario as a challenge to her sense of independence (the struggle over her shopping bag is testament to this). As the bus pulled away from the stop she alighted at, she stood still on the pavement, seeming tired from the effort of getting off and preparing herself for the rest of her journey.

The driver played a pivotal role in this scenario through his or her intertwining with the bus; pulling into the curb and lowering the platform allowed her to board, turning the engine off exacerbated the sense of disturbance. These actions represented an interaction with the semantic construction of the transport system, as well as the idea of mobility, for everyone that was present. Is the bus a place where people can be afforded the assistance and time they need to board? Can they expect assistance from others? The driver also helped to constitute the 'publicness' of the bus in that instance. There are broader points that this example illuminates, however.

The transport system is not just a network of machines circulating around London. It is a hybridity of human and non-human actors, of machines and people, and as such possesses meanings and significations which inform the way passengers are accommodated. The bus, in its manifestation, requires all users to conform to the norms with which it is inscribed. Being able to take, or 'do', the bus correctly is contingent upon your ability to conform to the speed and expectations of the transport system. The other passengers on the bus help to constitute this system and she was offered help in part because of the time it was taking her to board the bus. On other occasions, I witnessed people ask for help. Another memorable example emerged when an older woman, more spritely than the person I have just described, looked down at the gap between the bus and the road (the bus driver had not pulled into the curb) and stuck a leg out before withdrawing it back into the bus. Looking around with a slightly panicked expression she asked a teenager behind her for a supporting arm, which he gladly obliged, helping her down.

The wider point here is that her ability to take the bus was contingent upon being able to move within the confines of the pace expected by other passengers and the driver. A range of appendages are available for her to use to achieve this; other passengers, shopping trolleys or walking sticks, handrails and the driver by way of his control of the suspension and doors. The important point is that the bus *is* constituted through its use. Our collective habitus disposes us to avoid disrupting the flow of the transport system; not being able to do so is a violation of the expectations of the system as generated by the dispositions of the driver and passengers. Although the woman in the example was assisted by others in taking the bus and they concretely helped her to constitute her mobility, they were also enforcing the laws governing the bus. Secondly, they were also dependent upon her to obey these laws. The bus exists as a stable and dependable social object because we can all be collectively depended upon to uphold and enforce its constitution. The dispositions that facilitate this, moderated by the habitus, can be seen as the crux of our interdependence.

8.6 The independent habitus

Before concluding, I return here to Bourdieu's theories to fully explain their suitability for understanding the importance of independence while remaining sensitive to interdependence. His sociology is relational – we are all situated in social fields which have no objective features. The positions we inhabit in social fields only exist through their relativity to the positions other people inhabit. The dominant position people with greater amounts of symbolic capital inhabit are only possible because of their relationship with the more subordinated positions that those with less symbolic capital inhabit. Thus, the concept of independence is only possible through the existence of 'dependent' groups; those who age successfully only do so because they are constructed in opposition to people with less valued forms of corporeality. Transport staff are only able to take pride in their assistance of older disabled passengers because social relations have been ordered to overlook the corporeality of older and disabled people. This may seem banal; however, it is important to recognise that the people who are most 'independent' are reliant upon people purported to be 'dependent' to bolster their independence.

The habitus is a set of dispositions inculcated through exposure to external factors (social and material environments), people's subjectivities can therefore be seen as interdependently constituted. Their habitus is also 'structuring', in turn they help to inculcate dispositions into others (Bourdieu, 1990). Moreover, the structuring quality of the habitus is the same force which inscribes expectations of people's corporeal constitution into the built environment. Older people inculcate these values into their own habitus; they too seek value in promoting the extent of their own mobility or success in ageing well. The symbolic economy which facilitates this environmental inscription also drives the people who are penalised by the independence/dependence dichotomy to reproduce it. After the onset of chronic illness or disruption from ill health, regaining independence is generally a priority, because we all rely on symbolic exchange to develop a sense of value, meaning and worth.

There are different forms of value which can be exchanged, as Skeggs (2004) argued in relation to affect; what is valued does not necessarily need to be defined by the dominant group. She contends, through focusing on the valued components of working class culture (as Bourdieu's main focus is social class), that different value systems operate within different groups. The characteristics or possessions which are valued are not simply dictated by the dominant class. This is an important addition to Bourdieu's theories as it

facilitates greater understanding of the ways those who may be subordinated and marginalised in some respects can be seen to possess and generate value; their lives are not lived completely in the shadow of the dominant group. The picture is perhaps more complex when considering ageing and disability; different social fields contain different dominant groups; the social world is pluralistic. Nevertheless, we are bound by our dispositions to play by the rules of the game. I have argued that the social model of disability has had some success in challenging the rules of the game, or doxa. However, there is no guarantee that it will not reproduce similarly problematic conceptions of independence. The task is to provide an understanding which promotes interdependence and challenges the individualised notions of autonomy and personhood which cause damage to people who fall foul of it. Although Bourdieu's theory of practice provides powerful conceptual tools with which to unpick these forms of misrecognition, it does not give us as powerful a means of replacing them.

8.7 Conclusion

This chapter has investigated how older disabled people and transport staff in London manage the way giving assistance is carried out, with a focus on how this management impacts upon older disabled people's sense of independence. I argued that the system of symbolic exchange which governs social relations can be seen as a primary mechanism of interdependence, as well as outlining the collective forms of gift-giving, and meaning, which belie the doxa of independence. I then demonstrated how mobility, and 'independent travel' in a broader sense, can be collectively constituted through an example of an older woman taking the bus. This example outlined that taking the bus is an activity which is ultimately contingent upon the shared meanings embedded within it; the older woman's difficulty in taking the bus was not because she was utterly unable to take the bus but because she was unable to meet the expectations inscribed into bus travel.

Throughout this chapter I have used older disabled people's narratives to inspect the importance of our constructed notions of independence to personhood and reveal the inherent interdependence of social life. This is somewhat unfortunate; their negotiation of independence is more visible because it is under greater threat. The marginalisation they face due to the built and social environments in London and the disruptions of ageing mean they are forced to do more work to maintain and defend their independence. It is worth pointing out that I have experienced similar problems – I have somewhat sheepishly had to rely on the interventions of other passengers when I was unable to project my voice

enough to inform the driver that he had closed the door on me as I tried to disembark a bus. I can also recall a more recent embarrassing occasion where I crashed my bike into the back of a van and, although unharmed, was pulled to my feet and checked on by several pedestrians. As an adult man I feel as though I should be able to exercise my mobility without requiring others to check if I am ok. However, I believe making this argument is important to demonstrate the toll our normative constructions of personhood take on older disabled people. For me these are more isolated incidents, for some participants having other encroach upon their independence or having the environment fail to accommodate their bodily constitution are features of their day-to-day lives and thus take a greater toll.

Older people have been found to have fairly broad perceptions of independence; Sacker et al. (2003) found their understandings to include not only self-reliance but self-esteem, self-determination, purpose in life, personal growth and continuity of the self. They recognise the problems with self-reliance; remaining independent and living on one's own is self-defeating if you are lonely and unhappy. To manage this problem, they argue that independence should be considered as two dimensional; one concerns dependence (and the negative connotations of relying upon others) and the other concerns independence (and the positive dimensions of self-esteem, for example). To extend the arguments I have presented in this chapter, however, separation of these different dimensions can only be superficial. That independence is associated with self-esteem and continuing identity is product of the negative dimensions of the independence/dependence dichotomy (or the cultural significance of self-reliance). The reason independence is associated with self-esteem and continuity of the self is because a loss of independence is inflicted upon people as they age, or their corporeality changes. Self-esteem is in part constituted through inculcation of the importance of independence.

People can mediate this a great deal through exercising their agency and mobilising the resources available to them; however, ageing is inexorable. As Lee (2002) points out, we are all temporarily non-disabled. This does not mean to say ageing or impairment should only be seen as deleterious due to the cultural salience of self-reliance. They undoubtedly have their own negative impacts. However, these impacts are certainly exacerbated through the doxa of independence, and as Oliver argued in relation to disability, envisioning a world without material barriers is difficult (Oliver and Barnes, 1998). At its crux this is a question of parity; whether we desire older people to have as much parity as possible with the broader population or whether we want to dismantle the symbolic order

which estranges them from normative expectations of independence in the first place. Just as the campaign to improve London's public health through creating healthier streets has required modulation from the wider population in London, perhaps the wider population could also modulate their notions of independence to accommodate the forms of personhood older disabled people enact.

9 Discussion

9.1 Introduction

This thesis has provided a sociological analysis of what constitutes mobility for older disabled people living in London. I have explored what they considered the possibilities of movement through the city to be, how their access to resources helps them to actualise different forms of mobility and how they understand the significance of their everyday corporeal and non-corporeal mobility. By employing a modified Bourdieusian framework, I was able to provide an account of the structural factors which influence older disabled Londoners' mobility without losing sight of their agency. I looked at the forms of value attained and performed through mobility, as well as contextualised them through this framework. I have also looked at how this might influence wellbeing. For example, although performing independence undoubtedly has a positive impact on older people's wellbeing, I have argued its importance forms part of a power structure which also marginalises older and disabled people.

This discussion is organised in four sections. The first provides an overview of the arguments made in the thesis. I then relate these arguments back to the original aims of the study and detail the ways in which my analysis has contributed to the sociology of mobility. After this I discuss the implications my findings have for policy, first for London and then for global cities in a general sense. Finally, I provide an overview of the study's limitations, discussing the ways in which my findings can be expanded upon, and then present some concluding thoughts.

9.2 Overview of argument

My starting point for this study was that mobility is both promoting and protecting of wellbeing. Much of the empirical work presented in this thesis has explored the ways in which this relationship operates under duress for the participants in this study. I use duress to describe the impacts advancing age, chronic illness, impairment and disability all have. The experience of these changes generally problematised mobility for participants in some way and had distinct effects on what mobility meant to them. I have explored, considering this duress, how people understand the role that mobility plays in their lives and how they nurture the relationship between mobility and wellbeing. However, many of the associations between mobility and wellbeing retained their significance, although they were accompanied by the additional negotiation of stigma.

Disability and age are not the only factors which are associated with a lower propensity to be mobile. Chapter Four thus presented an overview of these different factors, looking at the independent associations they had with propensity to leave the house on any given day. Nevertheless, age, disability and employment status were the most powerful predictors of non-travel. I have argued that this is in part because of the material conditions older and disabled face in London. I have presented age as a factor which reduces mobility. This is perhaps a matter of perspective, contingent upon how one conceptualises later life.

Employment status was predictive of non-travel in general; being unemployed or economically inactive were associated with a propensity to non-travel broadly comparable with that of retired people. Rather than later life being generative of non-travel, perhaps being in full-time employment produces greater levels of mobility than would otherwise be the case. Because of my focus on wellbeing, I presented a greater propensity to non-travel as a deficit. This negative, deficit orientated conceptualisation of non-travel, is in line with the public health view of sedentarism as a health risk and the common trope of time spent at home as 'doing nothing'. We can see this as a product of the role that employment has traditionally played in British society, thus constructing some of the normative standards involved in mobility and productivity. Especially given the contemporary prominence of communicative travel, days spent at home can have a range of benefits for older disabled people. As I have presented elsewhere in the thesis, spending days resting at home was often portrayed as a positive and important activity by participants.

To contextualise the negative approach to non-travel, it is useful to draw on some of the arguments which helped to develop the social model of disability. In this tradition, impairment is seen to result in oppression because people experiencing impairment were deemed unproductive and a hindrance to capital accumulation (Oliver, 1990). I have argued that a similar form of stigma is echoed in the accounts of non-travel and non-corporeal travel presented. Mobility outside of the home is an important way in which productivity is performed, something which was felt not only under the gaze of others but also by the participant's own expectations of themselves.

Chapter Five developed this argument by looking at whether older disabled people gained anything from their increased propensity to spend days at home. Half of the respondents in the LTDS that gave a reason for their non-travel reported it to be 'leisure at home', something which only diminished over the age of 80. Here I posited an understanding of

home-based leisure activities as forms of non-corporeal mobility. This understanding allowed me to scrutinize the apparent 'transportive' effects of non-corporeal mobility practices, although analysis of this phenomenon is inherently challenging for current methodologies.

Expanding on Schwanen and Ziegler's (2011) argument that 'non-physical' (non-corporeal) mobility can compensate for a reduction in physical mobility, I argued that non-corporeal mobility can also be deployed to compensate for the stigma incurred by reduced corporeal mobility. Through emphasising the pedagogical or cultural value of these non-corporeal mobility practices, participants shielded themselves from this stigma and echoed the aspirations of the third age. Making the most of one's mobility is an essential component of the third age, a point which helps to support Gilleard and Higgs's (2017) argument that frailty is the major social division of later life.

In Chapter Six I explored the dichotomy between the home and the outside to reveal the links participants made between mobility and wellbeing. First, I explored some of the narratives surrounding mobility which help to support the dichotomy between the inside and the outside, as well as construct mobility as a virtuous and salubrious activity. I then argued that being in the outside world signified participants' commitment to normative moral expectations, and that the social interaction mobility can entail meets Honneth's conception of recognition (Honneth, 1995). Moving beyond a more individual conception of mobility, I explored how mobility can facilitate collaboratively constituted forms of wellbeing through a discussion of the social space and affective atmospheres produced on public transport and the significance of going on 'trips' with others. I then argued that elements of the built environment can subvert the inside/outside dichotomy through place attachment, although the built environment can be restrictive of particular forms of collective movement. The home was generally presented as private and distinct from the social realm of the outside, where one is subjected to the gaze and judgment of others. However, the comfort and affection generated by place attachment and familiarity with others in the area seemed to allay the suspicion of others which could sometimes emerge in people's accounts of public spaces.

In Chapter Seven I turned my attention to the ways in which participants responded to the bodily changes brought on by ageing and impairment. I argued that experiencing a loss in physical, out-of-the-home mobility, can pose a challenge to older disabled people's ontological security. First, I examined the effects that 'barriers' can have on older disabled

people's mobility, situating my analysis through use of Bourdieu's field theory. This enabled me to examine the ways that participants experienced independence in relation to the material conditions London's built environment and transport systems present. Moreover, I detailed how they marshalled their resources to maintain their mobility by developing tactics and techniques which made their travel less challenging. Crucial to my argument is the position that resources play in facilitating the development of tactics and techniques. As Gilleard and Higgs argued, 'corporeality', which I operationalise as 'bodily capital', is perhaps the most dominant of these resources. However, I also demonstrate the role that knowhow and social capital play. Having the knowhow to understand which parts of the transport system are amenable to your corporeality, the resources to marshal technologies which complement your physical capacities, and the social capital to incorporate collaborations into your mobility, all compound and interact with your ability to be mobile.

Chapter Eight expanded upon the analysis presented in Chapters Six and Seven by interrogating the notion of independence. First, I presented the link between the independence/dependence dichotomy and notions of moral worth and personhood, after which I argued (drawing on other's work) that this dichotomy is a misrecognition (in Bourdieusian terms¹⁵) of the interdependency inherent to social life and mobility. I then explored how independence was negotiated, performed and reproduced through interpersonal interaction, in part by drawing on Mauss' theories of the gift exchange. Following this, I provided an example which made the interdependencies which constitute mobility obvious and then concluded with a discussion of the benefits Bourdieu's social theory provides in understanding independence in later life.

9.3 Reflections on a Bourdieusian framework

The above is an account of the arguments I have presented in the chapters of this thesis. However, it is also worth expanding on them with some more general conclusions which have emerged from the research. The relationship between mobility and wellbeing is not *diminished* by the experience of chronic illness or disability. It is certainly complicated by it, and the meanings generated through the processes of mobility are altered, but the role of mobility as an essential component of a worthwhile and healthy life is not reduced.

¹⁵ That is to say, pre-conscious assumptions that consider social hierarchies and symbolic dominance as part of a natural (and thus unchangeable) order, when they are in fact the product of historical and social conditions

My arguments have paid close attention to the relationality of mobility for older Londoners experiencing disability. This is significant in several ways. City spaces, especially those generated by public transport systems, manifest in radically different ways depending on the time of day they are visited and the people who they are shared with. Not only did participants modify their habits based on who and how many others they might be sharing public spaces with, they also reported different experiences of mobility depending on the makeup of the space they were travelling in or through. Rush hour and the period preceding it in the afternoon when schoolchildren make their way home are the most obvious example of this phenomenon, which reveals the temporal differences in the makeup of the transport system. An effect of this temporal dimension to mobility are the changes in the concentration of different social groups on a bus or train platform. For example, a bus filled with predominantly older people gave way to a different form of affective atmosphere and sociality than one filled with commuters. A second dimension is the interpersonal interactions which must be managed during mobility. Sharing public space with different social groups entails different encounters and expectations of whether one can get a seat or not, for example. A broader example of this relationality is that, by viewing older people as inhabiting a social field, we can see how their mobility relates to the power structures inscribed in the city's transport system.

This relationality is something which many of the studies focusing on older people's mobility in less densely populated areas have overlooked. Presumably, this is in part because these areas contain less developed transport systems and there is subsequently a greater reliance on private car travel. Private car use is also relational of course; car trips are planned, for example, depending on the traffic. However, the embodied encounters which stem from this relationality are different. As Thrift (2004) highlights, driving hinders routine forms of intersubjective expression and symmetrical interaction. In some senses, the automobile is an equaliser because it detaches the individual's corporeality from their capacity for mobility, so long as they meet the medical requirements to drive and have a driving license. In circumstances where car travel is easier and more normalised, the forms of interpersonal interaction which permeate mobility on public transport systems and in public spaces are less relevant. Sharing the spaces on city streets, buses and trains, on the other hand, places greater demands on the individual to manage interpersonal interaction. A failure to do so could result in having to stand up and cope with chronic pain or a fear of falling over. A central component of mobility in the city, for the older disabled participants

of this study, was managing their co-presence with others and negotiating the discordant rhythms of travelling in diverse spaces.

The relationship between mobility and wellbeing (or health, in some regards) was often apparent to participants. They negotiated this relationship in their accounts of mobility, employing it as a rationale and motivation for particular trips and forms of mobility. I use the term negotiation to indicate that mobility was often something that needed to be balanced with rest. Participants represented mobility as an important but exerting activity; the many difficulties associated with it often made it impossible to travel as much as they would like. The negotiation they presented came in two forms. The first was a more conscious dialogue with their health and wellbeing, as experienced through their relationships with health services. For example, participants gave accounts which implicated mobility in the management of chronic diseases; walking allowed them to loosen arthritic joints or recover some corporeal capacity lost through a fall or stroke. The second was a more informal engagement with more holistic notions of living a good life (or in other words, achieving a good quality of life). Seeing friends, being around other people, exercising independence and physical exercise were all common components of these narratives of achieving a good quality of life.

9.4 Theoretical reflections

Although it is more of a framing for the arguments I have made in this thesis, the Bourdieusian theoretical frame I have employed deserve some reflection on its utility. As Savage has argued, Bourdieu's theory provides a 'theoretically powerful' way of considering the importance of mobility while maintaining sight of social stratification (Savage, 2011, p. 512). Although Savage spurns the notion of habitus, his focus is more spatial than mine; I have explored people's experiences moving through space rather than attempting to conceptualise space in light of people's movements through it. I would argue that habitus is an important tool in the study of later life and allows a consideration of the impact that the conditions experienced earlier on in life can have.

Emotion, field and structure

Bourdieu's corpus provides effective tools for considering not only the material conditions which influence older people's mobility (namely the power relations which frame the field for them), but also the dispositions which they have inculcated earlier on in life and the symbolic value associated with mobility. However, my contribution predominantly lies in my attempts to introduce a greater degree of concern for the emotional dimensions of

social life to his theories. Bourdieu's theories provide a potent toolset with which to understand health inequalities (and inequalities in general). However, his disinterest in the emotional dimensions of social life limits the use of his work for understanding wellbeing. Although he considers the importance of suffering in *The Weight of the World* (Bourdieu *et al.*, 1993), he does not include this work in his broader theoretical framework, which focuses exclusively on behaviour rather than experience or understanding.

Sociologists have traditionally been wary of the notion of wellbeing (Cieslik, 2015), and thus hesitant about the advent of the study of wellbeing in the wider social sciences. It certainly seems prudent to feel cynical about the promotion of wellbeing as an objective of social and economic policy at a time when the welfare state is being reformulated to the detriment of many disabled people (who themselves are just one example of those affected) (e.g. Cross, 2013; Burch, 2017; Scambler, 2018). Criticisms that the 'wellbeing agenda' is contingent on a more individualised and consumerist view of subjects seem judicious (Sointu, 2005; Taylor, 2011). However, as Knight (2016) argues, although utilitarian notions of happiness were historically employed as the moral justification for capitalism's more 'exploitative processes', much of the contemporary happiness and wellbeing agenda is premised on exploring the pernicious effects of socio-economic inequality. Although critical attention to the concept and usage of wellbeing is valuable, it should not be so stringent as to overlook any role wellbeing might play as a product of inequalities.

Because of my focus on the experience of mobility, I have tried to operationalise a particular conception of wellbeing. This conception acknowledges wellbeing's contingency on the subject's immediate and more general social and geographical environments, as well as its embeddedness in particular activities. Looking at wellbeing in this way has allowed me to explore the types of wellbeing which were produced through interaction with other travellers and features of the built environment.

In practical terms, I did this in several ways. The first is by considering the forms of emotion which arose through references to particularly pregnant concepts or experiences. This is partially methodological; I consciously maintained a sensitivity to the way participants reacted to the spaces we passed through on go-alongs and, where possible, tried to observe their facial expressions and body language when managing difficulty. Secondly, with care, I tried to contextualise the expressions of emotion I observed participants make in interviews and go-alongs. Verbal expressions of emotion were often accompanied by

bodily motions, facial expressions and other indications from the participant's general demeanour during interviews. I was careful to write these down during interviews and use them as context for transcriptions. Meeting participants in group settings also added additional context; observing the more common narratives which revolved around mobility and transport and witnessing how emotion permeated collective discussions of them.

Thirdly, beyond being sensitive to each participant's reactions to the spaces and tasks we faced while travelling, I tried to be attentive to the atmospheres of the spaces we were in. This could involve, for example, observing how the atmosphere changed as we turned off of the high street onto a quieter street and relating this to our dialogue while moving through the city. The way the atmosphere on buses ebbed and flowed with the comings and goings of each stop is also a good example of this. Perhaps most importantly, I have been able to explore these positive and negative emotional phenomena while maintaining sight of the structural conditions which bear down upon older and disabled people in London. This would not have been the case had I chosen to employ Actor-Network-Theory, which in my view would reduce the perceptible dimensions of the social world to the assemblages under inspection.

In addition to engaging with Higgs and Gilleard's notions of corporeality in later life, a Bourdieusian framework has facilitated a more overarching view of the resources and symbolic exchanges implicated in mobility. I was able to link these symbolic exchanges with participants' ongoing self-identity and the ontological security this gave them, as well as the potential for inequalities based on the capitals available to older people. Managing disability and ageing require the mobilisation of resources, as Bury argued (1982), and understanding the impacts of these resources is important to understanding how mobility can be facilitated.

9.5 Mobility, normativity and resisting stigma

The stigma of sedentarism

A key finding I have presented in this thesis is a demonstration of how older disabled people grapple with the stigmas of reduced mobility. The first element of this point concerns non-corporeal mobility, in relation to the stigma of sedentarism. As mobility is a primary tool available to present a valuable and productive self, a reduced capacity to be mobile (or an increased propensity to be sedentary) is experienced as stigma. Participants thus employed forms of non-corporeal mobility as markers of their continuing utility and worth. This is one way that they were able to resist the stigma of ageing 'unsuccessfully'. As

Gilleard and Higgs have argued, corporeality (frailty and impairment) is one of the defining divisions of later life. Whether an older person is 'fit' or 'frail' (I would consider these to be two ends of a continuum rather than a dichotomy) is the marker of whether they have aged successfully or not. Possessing an impaired corporeality can thus be seen as stigmatising in itself (although many of the inequalities which are produced by this divide stem from the limitations caused by impairment). The weight of the third age seemed to bear heavily upon participants at times and the imperative to make the most of one's remaining life pervaded many of the community and support groups I attended, as well as the accounts produced in my interactions with older disabled people. Although I argued in Chapter Seven that corporeality was largely mediated by the other capitals the individual had at their disposal, the extent to which one could rely on one's body to conform to the expectations of the environment remained crucial.

Others have acknowledged that people may be selective of how they represent themselves and their mobility in interviews (e.g. Schwanen, Banister and Bowling, 2012). It has also already been noted that normative conceptions of productivity play a fundamental role in the constitution of disability (Oliver, 1989). The conditions faced by older people and (younger) disabled people diverge in many ways. However, as others have noted, there is also much common ground (Priestley and Rabiee, 2002). Peter Townsend's well-cited deconstruction of the 'structured dependency' afflicting older people makes repeated reference to disability as a feature of later life, for example (Townsend, 1981). I would contend that these notions of productivity are replaced in later life by expectations of ageing successfully, of performing the hallmarks of the third age and of living a 'worthwhile' life. A major component of this is staying active and safeguarding one's health; this is what generates the stigma of sedentarism.

Non-corporeal forms of mobility have been studied as phenomena constitutive of social life through their role in structuring social relations. They have also been implicated as somewhat compensatory for the loss of corporeal mobility in physical space, especially in regard to maintaining one's sense of identity (or 'mobility of the self'). However, the extent to which I have demonstrated that they can be employed as bulwarks against the stigma of sedentarism is an important contribution in the study of mobility in later life.

The stigma of dependency

The second component of my engagement with resistance and stigma concerns the independence/dependence dichotomy. I have demonstrated how older disabled people

must negotiate and manage the threat of this stigma during mobility and the interpersonal interactions encountered through urban mobility. Most crucially, however, I have situated these negotiations and the broader cultural significance of the independence/dependence dichotomy in a system of symbolic exchange. By using a Bourdieusian framework, I have presented the independence/dependence dichotomy as a form of (Bourdiesian) misrecognition which maintains symbolic power structures. This framework allows researchers to consider both how the doxa of independence is experienced and negotiated by older and disabled people while also considering the interdependencies which, although often obscured, are central not only to their practice but to their subjectivity itself. This symbolic order is ingrained in the city's built environment and transport system and thus precipitates their subordinated position in the field of mobility in London.

As Savage (2011) highlights, Bauman and Castells have emphasised the mobility of the powerful in relation to the fixity of the disadvantaged; this inequality is often discussed in relation to globalised elites. However, this thesis demonstrates that it also applies on local scale. Mobility within London is also subject to inequalities which are often overlooked. Reaching central London, for example, was often very difficult for participants unable to take the Underground or afford a taxi. Not only does central London contain many cultural centres important to older people – museums and theatres, for example – it also contains the train stations which provide access to different parts of the country (and the continent). Thus, those who were unable to drive or easily make it into central London reported being unable to visit family members in different parts of the country. These inequalities have instrumental as well as significant symbolic consequences for later life in London.

Connecting stigma, affect, and wellbeing

Having reflected on some of the ways I have incorporated emotion and affect into my theoretical approach, and the relationships I have explored between mobility and stigma, I would like to make the connections between these different threads of the thesis more explicit. I have used several different conceptions of wellbeing in this thesis; the eudaimonic, the hedonic, the affective, and the 'normative' - the ways in which failing to meet particular normative standards can undermine wellbeing. The most significant way we can view these connections is through the connections between wellbeing and ontological security.

Ontological security – an individual's sense of their continuing and enduring identity – in part rests on the individual's understanding that they meet particular normative standards.

I have paid especial attention to the importance of independence, for example, which participants often employed heavily in constructing a portrait of themselves for me¹⁶. In this example, we can see the link between losing the ability to meet normative notions of independence (for example, by appearing too dependent on others), and having one's ontological security threatened; ontological security is partially contingent upon these normative standards. Moreover, the ability to lead a 'good life' is to a large degree contingent upon meeting the normative expectations which characterise that stage of life; the third age, for example, offers a normative conception of what later life should look like. The challenges that older disabled people face make meeting this normative conception of later life more difficult to achieve. Achieving eudaimonia is consequently also more difficult, since it is interrelated with normative standards of personhood and morality. We can see how one particular nexus in the entanglement between mobility, wellbeing and ageing is centred around normativity, and the consequences of failing to meet these normative standards.

The affective dimensions of wellbeing also seemed somewhat contingent upon meeting or performing normativity, although to a lesser degree. This connection is because of the normative expectations inscribed into the built environment and the transport system, a set of circumstances which place older disabled people in a position where they must battle with other passengers to manoeuvre themselves into the wheelchair bay on a bus, for example. Experiences like this inevitably problematise the relationship between mobility and wellbeing and can be seen as assemblages of relations which induce negative affect. I have shown that the disabling effects of the transport system and built environment do not eradicate the potential for positive affect to emerge through everyday mobility, however. The affective encounters older disabled people participate in during their everyday mobility feed into notions of the good life; encountering assemblages in which you experience positive affect can be seen as indicative of a favourable quality of life. Moreover, relaying the pleasure one can derive from their everyday travel to others can confer a degree of distinction; the third age involves making the most of later life, and encountering circumstances which generate positive affect is certainly part of that. By relaying that to others, you are indicating your participation in the third age and its trappings. This relationship between affective encounters with wellbeing and achieving distinction can be seen to feed back into one's ontological security; if we view the third age

¹⁶ Michael Oliver's (1993) discussion of the moral implications of walking are another example which is pertinent here.

as a normative standard, which I would argue it is, then it will have some bearing on an individual's ontological security.

As I have argued throughout this thesis, the interrelationships between mobility, ageing, disability and wellbeing (in all its manifold formulations) are complex and intricate. In this section I have tried to outline some of the more easily explicable pathways through which these relationships can be observed, however, it is difficult to do them complete justice. Nevertheless, my focus has been on the impact these interrelationships have on older disabled people, and how they can be negotiated. The following section will begin to lay the groundwork for an explanation of the policy implications of the insight presented in this thesis, where present some suggestions for how the problems I have discussed in this thesis can be addressed.

9.6 The broader policy context

This thesis presents an empirical study of ageing and disability in London, which stands apart from the rest of the UK but also shares similarities with other 'global cities'. Focusing on ageing and mobility may be viewed as a slightly strange decision; many of the challenges caused by population ageing result from the ratio of older people to younger people in certain areas. Hence, the development of measures like the 'old age dependency ratio'¹⁷ (OADR). The majority of the UK's 'oldest' areas are less densely populated towns and rural areas near the coast (ONS, 2017). The demands placed on some public services in those areas are thus thought to be more severe and restrictions on older people's mobility potentially more challenging (certainly in relation to transport) if they do not drive. However, this is in part what makes London a fertile place for studying ageing; the world is becoming more urbanised and the stereotype of cities as youthful may be in need of scrutiny (see for example Manthorpe and Iliffe, 2018).

London is not an 'ageing' city in simply defined terms. That is to say, although the number of people over 65 in London is rising, it is not doing so more quickly than the number of younger people (ONS, 2018b). The city's OADR is already the lowest in the UK and is anticipated to decline marginally by 2026. However, in the same period London's population of over 65s is expected to be the country's fastest growing, increasing by just under 25% (ONS, 2018c). London Councils (2015) - the organisation which represents the Local Authorities in London collectively - has estimated that there will be an additional

¹⁷ the proportion of people of state pension age relative to the working population

150,000 people living in London with 'reduced mobility (i.e. impairment) by 2031. This is in part because of the rise in older residents - 45% of people receiving the state pension in the UK report a disability (Department for Work and Pensions, 2018) – and will bring the total to over a million (London Councils Transport Environment Committee, 2015).

By 2026, London's overall population is predicted to rise by 8.8%, or 774,000 people; this is the highest rate of increase in the country (ONS, 2018c). The second highest is the wider south-east of England. Where population ageing is one of the largest challenges facing local authorities in coastal areas, overall population growth is London's biggest. For example, The Mayor's Transport Strategy claims that unless 'new ways' are found to plan for the city's growth, overcrowding will cause some public transport lines to 'grind to a halt' by 2041 (Mayor of London, 2018, p. 15). TfL, the organisation responsible for meeting this challenge, is facing a large funding deficit (Transport for London, 2018). The city's older population are competing with younger London-born and London-bound children and adults for resources; hence the focus on managing population growth in the mayor's transport strategy (Mayor of London, 2018). This does not mean to say that older disabled people will not see improvements, but rather the city's predicament is novel among areas of the UK. Globally, however, the proportion of older people living in cities is rising and will continue to do so (WHO, 2007). In this sense, London is part of a wider trend and the research presented in this thesis will make for interesting comparisons with other global cities.

9.7 Policy implications

Several implications for policy have emerged over the course of this thesis. Before detailing them, I will describe the approach I have taken towards formulating these implications. The conditions which older disabled Londoners face in being mobile emerge from various levels of government and policy. TfL and the GLA constitute one of these levels. However, local authorities (boroughs) and national government also play an important role in this system. I have chosen to focus on the level of TfL and the GLA in discussing the policy implications of my research; the involvement of TfL in this PhD, and the intention that my study should contribute insight which can aid their policy making, means that my efforts are best spent illuminating implications which are relevant to them. However, before doing this it is worth acknowledging the impact of austerity, a broad national government policy to reduce state spending, which often disproportionately affects local government spending, especially in cities (Gray and Barford, 2018). This has resulted in, for example, large cuts to TfL's budget

(Transport for London, 2018) and the abandonment of a government scheme subsidising car ownership for disabled people (Power, 2016). As a result of these decreases in spending, subsidies and schemes to help disabled people are often the first to be cut since they do not generate as much revenue (if at all) as mainstream public transport services, for example.

The first policy implication of this study is concerned with smoothing the disruptions to mobility experienced through the onset or progression of impairment and chronic illness. This relates to policy at both national and city levels; it links with efforts to support health through prevention and more local schemes to make London more inclusive (Mayor of London, 2016; Department of Health and Social Care, 2018). Mobility, and travel, are often absorbed into the mundanity of everyday life, and the tactics and techniques employed to facilitate mobility are thus overlooked. This mundanity is fractured when people find they are no longer able to travel in the same way. A period of acclimatisation and readjustment follows, where they must firstly work out how to navigate the transport system and built environment, and secondly work out whether they can continue to travel in the same way. Something that became clear over the course of fieldwork was that people were often unaware of where to find information on travelling as a person with impairments and what allowances could be made for them.

Information about this is readily available through TfL's website and helpline, although this demands a level of IT literacy and comfort using telephone systems. Transport for All, a charity which campaigns for accessible transport and advises disabled people on travelling in London, also provide advice and information for older and disabled Londoners.

Nevertheless, participants often spoke about changing their mobility as a process of 'working out' what was possible and how they could make their lives easier. This was also not solely the product of people who were socially excluded and less able to find information; I came across people very engaged in community organisations who were unaware of particular services they were entitled to. Moreover, routes were often spoken about as needing to be tried out at some point. When on go-alongs, for example, I asked several participants about taking different routes and was told they had not worked them out yet. The same applied to less mobile participants who had stopped taking the train or bus or transitioned from driving to taking cabs. We should not overlook the time and work required to develop tactics and techniques which facilitate mobility, and although some of this must be experiential and a matter of the individual encountering spaces and obstacles themselves, having better access to information might also be helpful.

Expanding the provision of travel mentoring

There are two things which could help alleviate this difficulty. The first is an expansion of TfL's travel mentoring service to include more older people. The mentoring service currently serves three functions; teaching disabled people how to use public transport and accompanying them on several trips to help them build confidence, certifying mobility aids (i.e. ensuring mobility scooters can fit onto buses easily) and holding 'local bus days', where an out of service bus is used to simulate a trip and help people build confidence taking the bus in a more secure environment. Although all are welcome to use the mentoring service, older people generally only use it to gain mobility aid certification, which provides them with a card they can show to the driver to prove they can bring their mobility aid onto the bus. Having interviewed a member of the travel mentoring service and spoken to the TfL manager overseeing the scheme, it is apparently primarily used by younger people with learning disabilities who are likely to have been given advice to access this service.

This lack of engagement with older people may be due to a lack of interest on their part; perhaps being 'mentored' to use public transport would be embarrassing or experienced as undermining to their sense of independence. However, for the reasons I have mentioned above, having the opportunity to take a trip with someone able to help them work out whether it would be feasible in their day-to-day life, and advise them on how they could realise the extent of mobility they desired, would be valuable. Generally, I found that those who were able to be accompanied by a carer, either family or paid, or occupational therapist at some point had a much more solid grasp of the options for the options they had in regaining any lost mobility. Attendance of community and support groups went some way towards providing this assistance; support workers or other older people at groups I attended often helped to refer members to services like Dial-a-Ride. However, they did not necessarily have range of knowledge that TfL or Transport for All staff do. There also remain questions over whether people are willing or able to attend the groups in the first place, or whether they find them enjoyable.

Providing information on older people's terms

My second point concerns the same issue, without perhaps entailing this threat to their sense of independence. Making information more readily available to older people in places they are likely to frequent may be helpful. This in itself requires evidence to find out which means of providing information is most accessible and effective. Almost all participants visited GPs and hospitals fairly regularly; perhaps brochures or leaflets containing more information on the transport available to older and disabled people could

be provided there. However, there are questions over how effective delivering information in this way may be. Finding appropriate and effective channels and tools for engaging older people in considering their travel options should be incorporated into strategies for accommodating older and disabled passengers.

The Freedom Pass, transport staff and the future

The two points I have just made rest on older people's ability to be generally unencumbered by the costs of travel. This is down to the provision of the Freedom Pass. Although I have argued that income or wealth inequality still affects people's ability to travel once public transport use becomes difficult, the findings presented in Chapter Four are testament to the potency of the Freedom Pass as a tool for promoting mobility among older and disabled people. This is already known; from my engagement with campaigning groups it is clear that older people are well-prepared to defend their entitlement to the freedom pass. However, the recognition the Freedom Pass provides older people should also be included in the debate surrounding its provision. It serves not only as a means of providing free travel but as a recognition of their value to society – a collective gift in exchange for their contribution. This was not lost on recipients. It also provided more isolated participants with a means of managing their isolation or loneliness; simply getting on the bus seemed to provide some benefit and is thus constitutive of their ability to safeguard their own wellbeing and manage their engagement with society.

The importance of bus drivers and station staff should be recognised, as well as the difficulties they face in managing their myriad responsibilities; being aware of crime or terrorism on the transport network, looking out for and assisting older and disabled passengers, keeping an eye on children, driving safely, staying on time, paying attention to other people driving, walking, or cycling, and maintaining patience with demanding passengers. The list is extensive. Although they receive some praise internally, much of their work goes unseen by the public. As I demonstrated in Chapter Eight when discussing the negotiations involved with independence, the relationships between older disabled people and transport staff can be adversarial. Both older disabled participants and transport staff members I interviewed complained that there are transport staff who do not make enough effort to adequately assist passengers. Nevertheless, on the occasions that I have shared insight from my interviews with transport staff with older disabled people, they have taken great interest in the intricacies of working on the transport network. Greater opportunity to contextualise their experiences and learn more about the transport system they rely on can only be a good thing.

This does not mean to say that transport staff should not receive more training on assisting older and disabled passengers. This is already a policy in the Mayor's Transport Strategy, and I was a member of the group Alzheimer's UK organised to encourage the uptake of policies like this. However, according to the station staff I interviewed and spoke to less formally, London Underground and Overground staff are not currently given formal training in assisting disabled passengers. This would seem an obvious way to improve their confidence in the area.

The increase in London's population is a concern; overcrowding causes problems for older disabled passengers as it makes it harder to find a seat on public transport and exposes them to circumstances where they may be more vulnerable to being knocked or bumped into. Finding ways of reducing overcrowding, whether this be through increasing the capacity of public transport services at more crowded times or encouraging people to use other transport modes, will provide a greater sense of security to those who are more vulnerable in crowded conditions.

Despite the problems of balancing a growing population in general with an expanding older population, there are two reasons to be hopeful about the older disabled people's mobility in London in the future. The first is the increasing role that technology plays in facilitating corporeal mobility. This was not hugely impactful among the people I recruited; few used the internet let alone apps. However, the suspicion they regarded technology with will presumably recede over time. Taxicard already have an app which can be used to book taxis. The future of apps like CityMapper, which has recently launched a door-to-door bus service aimed at the general population in London, will also be interesting to observe. There are plans to integrate 'social needs' or 'assisted' transport services (i.e. Dial-a-Ride, Taxicard and additional services provided by local authorities) into a singular service across London (Mayor of London, 2018). As it stands, Dial-a-Ride generally does not take people more than 5 miles from the point of pick up. Having a service which is coordinated across London may help to overcome this limitation.

The dogmas and discourses which influence TfL and the national governments policymaking are also worthy of mention. Large parts of the Mayor's Transport Strategy and other metropolitan transport related policy documents are often taken up by discussions of improving transport efficiency and speed, and supporting economic growth (e.g. Greater London Authority, 2010; Mayor of London, 2010, 2018). As I have discussed, this emphasis on speed and efficiency can contribute to the marginalisation of older and

disabled people, who may be less comfortable in busier and faster paced environments or require more time to take particular trips. Although recent efforts to have a greater consideration for older and disabled Londoners in policymaking seem promising, there is a limit to the amount of progress which can be made while efficiency, crude economic benefit and speed are so emphasised in policy making. There must, at some point, be a reckoning between these dogmas and the need for transport systems to accommodate those who travel more slowly and are unable to be as tolerant of overcrowding.

Finally, although the changes to the built environment can be problematic for those who are reliant on car travel, the continued efforts to reduce the car-centricity of London's streets and improve the environment for walking benefit older people. Thirty percent of the trips made by older disabled Londoners are predominantly conducted by foot or bicycle¹⁸; the emphasis TfL and local authorities are beginning to place on providing a better walking environment will remove many of the obstacles that make walking more problematic; uneven pavements, curbs, obstacles on the street and so forth. The arguments I presented in Chapter Seven are testament to this; urban spaces can be difficult for older disabled people to traverse. Benches provide important places to stop and rest, supporting older people with a range of impairments to continue visiting their local shopping areas, support themselves and maintain their social inclusion. I did not find evidence of benches necessarily providing places to socialise and build social capital as others have done (e.g. Ottoni *et al.*, 2016). However, bus stops (which also served as auxiliary benches), certainly provided space for social interaction (although this in part seemed contingent upon how busy the stop was).

9.8 Study limitations and directions for future research

In Chapter Four I presented a short explanation of the limitations of my quantitative analysis of the LTDS. This mainly revolved around the restrictions of using one day's travel as a measure of mobility, although this also provides strengths in terms of validity. Here, I would like to reflect on some of the limitations of the qualitative work presented in this thesis. The major element of the study which did not go to plan was the use of go-alongs. Conducting go-alongs on public transport in cities, where endless flows of bodies interweave and coalesce, is problematic; travelling together with someone who has different entitlements to space on public transport is also difficult. If there is only one seat available, or there are others who deserve priority for seating, then it is easy to become

¹⁸ See table 12 in chapter 7

separated. London Underground stations can also be cramped and prohibitive of walking side-by-side; due to the number of other passengers who are often rushing it requires much of your attention to manage your own passage through the network. This is especially the case considering that the vast majority of go-alongs were carried out during off peak hours (i.e. not at rush hour); it could have been much worse. Nevertheless, this difficulty was informative in itself (although perhaps not entirely in the way I initially anticipated).

The reticence on the part of participants to take part in go-alongs was also a limitation. However, given that many participants were also suspicious of technology, there were few other options available. The main setback of this approach was that although many people who walked or used public transport could see the value of a researcher accompanying them, people who predominantly drove for travel on the other hand could not. Driving was seen as such an everyday and perhaps individualised part of life that it would have been odd to have someone accompany and observe you as you did so. I therefore did not manage to arrange any go-alongs focused on driving.

This problem speaks more broadly about London; Outer London is more car centric than Inner London, and that I was unable to recruit as many people who predominantly drove means their experiences are not included in the thesis. There are also questions over the applicability of the study's findings elsewhere. London's transport system has its idiosyncrasies. Nevertheless, my focus on independence, dependence and ontological security seem to chime with other research inspecting later life in the UK and North America. Furthermore, the issues participants faced in dealing with the density of London's population will be broadly similar to those faced in other global cities (see, for example Wong *et al.*, 2017, 2018).

In terms of future research, it would be interesting to see how the framework for understanding older disabled people's capacity to adjust to the bodily changes of later life could be explored further quantitatively. For example, a more longitudinal survey of how older people's mobility changes along with measures of their knowhow, economic capital and social capital. Furthermore, using more extensive travel diary data to explore how older disabled people manage their wider mobility would be revealing of the role non-travel plays in their lives; this would generate a better understanding of how they balanced rest, leisure at home and travel outside of the home.

We are generally already aware of the factors which make travel easier for older and disabled citizens; adequate seating, accessible buses and step-free stations, level pavements, and ramps to make curbs more surmountable. Although I have tried to reinforce our understanding of these issues, it would be worthwhile trying to explore what the barriers to implementing these changes are. For example, attempts to further London's 'healthy streets approach' initiative have been met with opposition. As indicated in some local news stories (e.g. Chandler, 2016), efforts to pedestrianize streets have been met with opposition from people who rely on driving as their main mode of transport and feel marginalised by the changes. Participants in my research also complained that this was making it more difficult to access shops because disabled parking bays had to be moved further away. Moreover, age and disability friendly measures on public transport seem to encounter problems; wheelchair users still face adverse responses from bus drivers and older people continue to complain about being unable to exercise their right to priority seating. A more policy focused methodology and further observation on public transport could generate a greater understanding of the problems in addressing these issues.

9.9 Conclusion

This thesis has explored how the mobility of older disabled people is constituted, both materially and symbolically, and what implications this has for wellbeing. I have looked at the broader ways in which mobility is structured through analysing non-travel, one measure of mobility outside of the home. This analysis placed ageing and disability alongside other characteristics which interact with people's propensity to be mobile. I was therefore able to distinguish between the reduction in mobility associated with age, disability and employment status (i.e. retirement). Upon this foundation, I investigated the more situated dimensions of mobility, exploring participants' subjective constructions of mobility both within and outside of the home. This investigation led me to consider the stigma associated with sedentarism, which contributes to our understanding of the power dynamics of mobility. Moreover, it shed light on the potential for home-based leisure practices to engender a sense of travel, as well as value, in older people for whom corporeal mobility can be challenging.

My investigation of how older disabled participants understood the notion of 'going out' advanced an analysis of the forms of wellbeing associated with mobility. By scrutinising the meanings imbued in going out, I explored some of the discourses which help to constitute the relationship between mobility and wellbeing, as well as the importance of being in the

outside world to participating in normative constructions of personhood and receiving recognition from others. This chapter also contributed an account of the ways in which mobility facilitates collectively generated forms of wellbeing. I identified these collective forms of wellbeing in notions of taking 'trips' with others, for example, as well as the less direct and intensive social interactions which took place on local buses. Although disability and impairment complicate the link between mobility and wellbeing, this thesis has provided an exploration of the how wellbeing is attained in spite of the marginalisation and challenging body-environment interactions which emerge through disability.

In considering how participants' mobility was constituted materially, I revealed the importance of the resources they had at their disposal. Although I was able to draw on some of Bourdieu's pre-defined tools - social and economic capital - my use of the concepts of bodily capital and knowhow have formed important components of my application of his theories to mobility. The importance of defending one's ontological security through deploying these resources is significant and demonstrates the role of mobility in structuring and ordering the everyday. By looking at the symbolic importance of different dimensions of ontological security, I was able to link participants' preference for different forms of mobility through the symbolic connotations with which they were attributed (although this link was mediated by the resources they had available to them). Finally, my inspection of independence as a crucial factor to older people's mobility contributed a nuanced understanding of its symbolic importance, as well as its role as a broader cultural construct. This analysis also allowed me to reveal the role interdependencies played older people's mobility. More broadly, employing Bourdieu's theories has allowed me to reveal how older disabled people's mobility is structured and produced through interaction between these external factors and their own subjectivity.

To conclude, it seems fitting to reflect on some of the tensions generated by the pressures older people face. Performing the normative standards of wellbeing, health and inclusion, for example, can be generative of wellbeing but destructive if they cannot be met. The expectations of individuals to be active, independent, look after their health, and achieve wellbeing are both the vehicle through which they can attain, or represent, wellbeing, and also be the recipients of stigmatisation (for example of sedentarism and dependence). In understanding how we can promote 'positive' ageing, we should be wary of the negative impacts these notions can have. I intend this to speak not only to the stigma older disabled people may feel, but to broader societal attitudes to older people; moving through the city

should not be understood as such an individualised activity when our travel is so dependent on unrevealed collaboration.

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Appendices

Appendix A: Subsidised travel modes in London

Travel mode	Description
Bus	Fully accessible with handrails, dedicated wheelchair space, and 'low-floor' suspension which can be lowered to allow wheelchair users or mobility impaired passengers board. Free at all times for Freedom Pass holders
London Underground ('The Tube')	Mass rapid transit system Only 70 out of 270 stations are step-free, often very crowded. Free at all times for Freedom Pass holders
London Overground	Suburban rail network Only 40 out of 83 stations are step-free Free at all times for Freedom Pass holders
Train	Local and national rail services No specific figures on proportion of step-free stations Some lines prohibit use of Freedom Pass before 9:30am, although most are free at all times
Dial-a-Ride	Free door-to-door bus service driven by drivers trained in assisting passengers Requires prior registration; eligibility for membership based on government disability benefit entitlements or age. Others may apply, subject to assessment Generally, only available for local trips and must be booked a day in advance. Journey times are long as other passengers must be picked up and dropped off, passengers are also advised to be flexible about trip time to ensure they can be accommodated
Taxicard	Subsidised taxi service offering a set number of trips per year Eligibility based on government disability benefit entitlements. Others may apply, subject to assessment Number of trips available per year varies by borough, as does the maximum amount subsidised per trip
Community Transport	Third sector organisations offering alternative transport options. Often reliant on volunteers. Predominantly require membership but provide cheap travel options Services differ between providers, ranging from door-to-door services, vehicles and/or drivers which can be booked for group trips, to regular shopping trips and 'hail and ride' bus services. Larger companies may be subcontracted to provide Dial-a-Ride services or operate mainstream bus services for TfL
'Blue badge' disabled parking permits	Parking badge providing free or subsidised parking in streets where parking is more restricted for others Four Central London boroughs limit use of the scheme
TfL travel mentoring	Small scheme where mentors help people to plan trips, accompany them to build their confidence, advise them on accessible journeys, as well as run 'bus days' where people can acclimatise to bus use in a safe environment and certify mobility scooters for use on buses Available to all disabled people but generally used by younger people with learning difficulties

Appendix B: Supplementary non-travel tables

B1: Non-travel by survey year and day of the week

Variable	Characteristic	Did not travel	p value
Survey year	2005/06	17%	<0.001
	2006/07	14%	
	2007/08	13%	
	2008/09	18%	
	2009/10	16%	
	2010/11	14%	
	2011/12	15%	
	2012/13	18%	
	2013/14	17%	
	2014/15	18%	
Month	January	18%	<0.001
	February	15%	
	March	8%	
	April	13%	
	May	12%	
	June	13%	
	July	14%	
	August	13%	
	September	13%	
	October	15%	
	November	14%	
	December	12%	
Day of the week	Monday	16%	<0.001
	Tuesday	13%	
	Wednesday	14%	
	Thursday	14%	
	Friday	13%	
	Saturday	17%	
	Sunday	26%	

B2: Sample composition by age

		Age				
Variable	Characteristic	18-49	50-59	60-69	70-79	80+
Income	£0-£14,999	23%	21%	37%	58%	71%
	£15,000-£24,999	17%	17%	21%	20%	15%
	£25,000-£49,999	29%	29%	23%	14%	9%
	£50,000+	31%	34%	19%	8%	5%
Gender	Male	50%	45%	15%	1%	0%
	Female	50%	51%	52%	56%	62%
Employment status	FT Employment	50%	45%	15%	1%	0%
	PT Employment	9%	10%	8%	2%	0%
	Self-Employed	11%	16%	10%	3%	1%
	In education	11%	0%	0%	0%	0%
	Unemployed/Unable to work	9%	14%	5%	1%	1%
	Retired	0%	4%	58%	91%	96%
	Other economically inactive	11%	10%	4%	2%	2%
Location	Inner London Residents	44%	34%	33%	30%	31%
	Outer London Residents	56%	66%	67%	70%	69%
Receives travel concessions	No	100%	100%	15%	8%	16%
	Yes	0%	0%	85%	92%	84%
Has a disability	No	95%	86%	79%	67%	41%
	Yes	5%	14%	21%	33%	59%
Driving licence	None	35%	25%	30%	46%	69%
	Holds one or more	65%	75%	70%	54%	31%
Ethnicity	White British	45%	61%	68%	70%	80%
	White Other	17%	10%	9%	10%	8%
	Mixed Heritage	3%	1%	1%	1%	0%
	Indian	7%	7%	7%	6%	4%
	Pakistani and Bangladeshi	6%	3%	3%	2%	1%
	Black African/Caribbean/British	12%	9%	6%	8%	4%
	Other ethnic background	9%	8%	6%	4%	2%
Owns or has access to a car	No	37%	2%	27%	39%	62%
	Yes	63%	75%	73%	61%	38%
Household structure	Couple with children	31%	15%	3%	1%	0%
	Couple without children	27%	49%	60%	55%	35%
	Lone parent	8%	3%	0%	0%	0%
	Single adult	41%	18%	24%	33%	52%
	Other	20%	1474%	12%	11%	13%

B3: Non-travel coefficients including year, month and day of the week

Variable	Characteristic	Odds Ratio	95% C.I	p value
Income	£50,000+ (ref cat)			
	£25,000-£49,999	1.09	(1.03 - 1.15)	0.004
	£15,000-£24,999	1.13	(1.06 - 1.20)	0.000
	>£14,999	1.20	(1.13 - 1.28)	0.000
Age	18-49 (ref cat)			
	50-59	1.03	(0.97 - 1.10)	0.259
	60-69	1.76	(1.59 - 1.95)	0.000
	70-79	2.18	(1.93 - 2.46)	0.000
	80+	3.88	(3.42 - 4.40)	0.000
Gender	Male (ref cat)			
	Female	1.15	(1.11 - 1.20)	0.000
Employment status	FT Employment (ref cat)			
	PT Employment	1.25	(1.15 - 1.35)	0.000
	Self-Employed	1.54	(1.43 - 1.65)	0.000
	In education	1.74	(1.60 - 1.89)	0.000
	Unemployed/Unable to work	2.83	(2.63 - 3.04)	0.000
	Retired	2.42	(2.20 - 2.66)	0.000
	Other economically inactive	2.49	(2.32 - 2.67)	0.000
Location	Inner London (ref cat)			
	Outer London	1.09	(1.05 - 1.14)	0.000
Ethnicity	White British (ref cat)			
	White Other	1.06	(1.00 - 1.13)	0.034
	Mixed Heritage	1.09	(0.95 - 1.25)	0.218
	Indian	1.29	(1.21 - 1.39)	0.000
	Pakistani and Bangladeshi	1.47	(1.35 - 1.60)	0.000
	Black African/Caribbean/British	1.35	(1.27 - 1.44)	0.000
	Other Ethnic background	1.29	(1.21 - 1.38)	0.000
Driving licence	None			
	Holds one or more	0.64	(0.61 - 0.67)	0.000
Has a disability	No (ref cat)			
	Yes	1.79	(1.70 - 1.88)	0.000
Receives concessionary travel	No (ref cat)			
	Yes	0.51	(0.47 - 0.56)	0.000
Owns or has access to a car	No (ref cat)			
	Yes	0.95	(0.91 - 1.00)	0.064
Household structure	Couple with children (ref cat)			
	Couple without children	1.14	(1.08 - 1.21)	0.000
	Lone parent	0.67	(0.60 - 0.75)	0.000

	Single adult	0.82	(0.77 - 0.88)	0.000
	Other	1.14	(1.08 - 1.21)	0.000
Day of the week	Monday (ref cat)			
	Tuesday	0.81	(0.76 - 0.87)	0.000
	Wednesday	0.85	(0.79 - 0.91)	0.000
	Thursday	0.87	(0.82 - 0.94)	0.000
	Friday	0.82	(0.77 - 0.88)	0.000
	Saturday	1.25	(1.16 - 1.34)	0.000
	Sunday	2.02	(1.89 - 2.15)	0.000
Month	January			
	February	0.97	(0.90 - 1.06)	0.559
	March	0.92	(0.82 - 1.02)	0.107
	April	0.97	(0.89 - 1.06)	0.497
	May	0.80	(0.74 - 0.87)	0.000
	June	0.85	(0.78 - 0.92)	0.000
	July	0.81	(0.75 - 0.88)	0.000
	August	0.88	(0.81 - 0.95)	0.002
	September	0.78	(0.71 - 0.85)	0.000
	October	0.85	(0.78 - 0.92)	0.000
	November	0.79	(0.73 - 0.86)	0.000
	December	0.93	(0.85 - 1.02)	0.132
Survey year	2005/06 (ref cat)			
	2006/07	0.79	(0.72 - 0.87)	0.000
	2007/08	0.75	(0.68 - 0.83)	0.000
	2008/09	1.06	(0.97 - 1.17)	0.208
	2009/10	0.97	(0.88 - 1.07)	0.530
	2010/11	0.81	(0.73 - 0.89)	0.000
	2011/12	0.85	(0.77 - 0.93)	0.001
	2012/13	1.06	(0.96 - 1.16)	0.246
	2013/14	1.04	(0.95 - 1.15)	0.378
	2014/15	1.11	(1.01 - 1.22)	0.028

Appendix C: Non-travel sensitivity analyses

C1: Non-Travel coefficients and age x gender interactions

Variable	Characteristic	Odds Ratio	95% C.I	p value
Income	£50,000+ (ref cat)			
	£25,000-£49,999	1.09	(1.03 - 1.15)	0.002
	£15,000-£24,999	1.13	(1.06 - 1.20)	0.000
	>£14,999	1.20	(1.13 - 1.28)	0.000
Age male	18-49 (ref cat)			
	50-59	0.93	(0.77 - 1.12)	0.428
	60-69	1.43	(1.16 - 1.74)	0.001
	70-79	1.54	(1.24 - 1.93)	0.000
	80+	2.14	(1.64 - 2.78)	0.000
Gender 18-49	Male 18-49 (ref cat)			
	Female 18-49	1.07	(1.01 - 1.12)	0.018
Age female	18-49 (ref cat)			
	50-59	1.07	(0.96 - 1.20)	0.220
	60-69	1.15	(1.02 - 1.29)	0.019
	70-79	1.25	(1.11 - 1.41)	0.000
	80+	1.46	(1.27 - 1.68)	0.000
Employment status	FT Employment (ref cat)			
	PT Employment	1.26	(1.16 - 1.38)	0.000
	Self-Employed	1.53	(1.43 - 1.64)	0.000
	In education	1.75	(1.61 - 1.90)	0.000
	Unemployed/Unable to work	2.84	(2.65 - 3.06)	0.000
	Retired	2.43	(2.21 - 2.67)	0.000
	Other economically inactive	2.56	(2.38 - 2.75)	0.000
Location	Inner London (ref cat)			
	Outer London	1.09	(1.04 - 1.13)	0.000
Ethnicity	White British (ref cat)			
	White Other	1.07	(1.01 - 1.13)	0.027
	Mixed Heritage	1.09	(0.95 - 1.25)	0.199
	Indian	1.30	(1.21 - 1.39)	0.000
	Pakistani and Bangladeshi	1.47	(1.35 - 1.60)	0.000
	Black African/Caribbean/British	1.35	(1.27 - 1.44)	0.000
	Other Ethnic background	1.29	(1.21 - 1.39)	0.000
Driving licence	None (ref cat)			
	One or more	0.65	(0.62 - 0.68)	0.000
Has a disability	No (ref cat)			
	Yes	1.79	(1.70 - 1.89)	0.000
	No (ref cat)			

Receives concessionary travel	Yes	0.51	(0.47 - 0.56)	0.000
Owens or has access to a car	No (ref cat)			
	Yes	0.95	(0.91 - 1.00)	0.063
Household structure	Couple with children (ref cat)			
	Couple without children	1.15	(1.09 - 1.22)	0.000
	Lone parent	0.68	(0.61 - 0.76)	0.000
	Single adult	0.81	(0.76 - 0.87)	0.000
	Other	1.14	(1.07 - 1.21)	0.000

F (4,123526) = 8.93, Prob > F = 0.0000

C2: Non-travel coefficients and age x disability interactions

Variable	Characteristic	Odds Ratio	95% C.I	p value
Income	£50,000+ (ref cat)			
	£25,000-£49,999	1.09	(1.03 - 1.15)	0.00
	£15,000-£24,999	1.13	(1.07 - 1.21)	0.00
	>£14,999	1.21	(1.14 - 1.29)	0.00
Age, no disability	18-49 (ref cat)			
	50-59	1.05	(0.98 - 1.12)	0.16
	60-69	1.63	(1.46 - 1.82)	0.00
	70-79	1.98	(1.74 - 2.25)	0.00
	80+	2.61	(2.22 - 3.05)	0.00
Has a disability, 18-49	No disability (ref cat)			
	Has a disability	1.41	(1.28 - 1.55)	0.00
Age, has disability	18-49 (ref cat)			
	50-59	1.07	(0.92 - 1.24)	0.38
	60-69	1.35	(1.17 - 1.56)	0.00
	70-79	1.38	(1.20 - 1.59)	0.00
	80+	2.17	(1.83 - 2.56)	0.00
Gender	Male (ref cat)			
	Female	1.15	(1.11 - 1.20)	0.00
Employment status	FT Employment (ref cat)			
	PT Employment	1.26	(1.15 - 1.36)	0.00
	Self-Employed	1.54	(1.44 - 1.66)	0.00
	In education	1.74	(1.61 - 1.89)	0.00
	Unemployed/Unable to work	3.03	(2.81 - 3.26)	0.00
	Retired	2.43	(2.21 - 2.67)	0.00
	Other economically inactive	2.51	(2.34 - 2.70)	0.00
Location	Inner London (ref cat)			
	Outer London	1.09	(1.05 - 1.13)	0.00
Ethnicity	White British (ref cat)			
	White Other	1.06	(1.00 - 1.12)	0.06
	Mixed Heritage	1.09	(0.95 - 1.24)	0.22
	Indian	1.29	(1.20 - 1.38)	0.00
	Pakistani and Bangladeshi	1.47	(1.35 - 1.60)	0.00
	Black African/Caribbean/British	1.34	(1.26 - 1.43)	0.00
	Other Ethnic background	1.28	(1.20 - 1.37)	0.00
Driving licence	None (ref cat)			
	Holds one or more	0.64	(0.61 - 0.67)	0.00
Receives concessionary travel	No (ref cat)			
	Yes	0.54	(0.49 - 0.59)	0.00
	No (ref cat)			

Owns or has access to a car	Yes	0.96	(0.91 - 1.01)	0.08
Household structure	Couple with children (ref cat)			
	Couple without children	1.15	(1.09 - 1.22)	0.00
	Lone parent	0.67	(0.60 - 0.75)	0.00
	Single adult	0.83	(0.77 - 0.89)	0.00
	Other	1.15	(1.08 - 1.22)	0.00

F (4,123526) = 22.60 Prob > F= 0.0000

C3: Non-travel coefficients and age x Inner/Outer London interactions

Variable	Characteristic	Odds Ratio	95% C.I	p value
Income	£50,000+ (ref cat)			
	£25,000-£49,999	1.09	(1.03 - 1.15)	0.004
	£15,000-£24,999	1.13	(1.06 - 1.20)	0.000
	>£14,999	1.20	(1.13 - 1.28)	0.000
Age Inner London	18-49 (ref cat)			
	50-59	1.10	(0.99 - 1.21)	0.071
	60-69	1.92	(1.69 - 2.19)	0.000
	70-79	2.41	(2.07 - 2.80)	0.000
	80+	3.86	(3.27 - 4.54)	0.000
Location 18-49	Inner London (ref cat)			
	Outer London	1.14	(1.08 - 1.20)	0.000
Age Outer London	18-49 (ref cat)			
	50-59	0.91	(0.81 - 1.02)	0.114
	60-69	0.87	(0.77 - 0.98)	0.018
	70-79	0.85	(0.75 - 0.97)	0.012
	80+	1.00	(0.86 - 1.15)	0.962
Employment status	FT Employment (ref cat)			
	PT Employment	1.25	(1.15 - 1.36)	0.000
	Self-Employed	1.54	(1.43 - 1.65)	0.000
	In education	1.74	(1.61 - 1.89)	0.000
	Unemployed/Unable to work	2.84	(2.64 - 3.05)	0.000
	Retired	2.43	(2.21 - 2.67)	0.000
	Other economically inactive	2.49	(2.32 - 2.67)	0.000
Gender	Male (ref cat)			
	Female	1.15	(1.11 - 1.20)	0.000
Ethnicity	White British (ref cat)			
	White Other	1.06	(1.00 - 1.13)	0.034
	Mixed Heritage	1.09	(0.95 - 1.25)	0.220
	Indian	1.29	(1.20 - 1.38)	0.000
	Pakistani and Bangladeshi	1.47	(1.35 - 1.60)	0.000
	Black African/Caribbean/British	1.35	(1.26 - 1.43)	0.000
	Other Ethnic background	1.29	(1.20 - 1.38)	0.000
Driving licence	None (ref cat)			
	Holds one or more	0.64	(0.61 - 0.67)	0.000
Has a disability	No (ref cat)			
	Yes	1.79	(1.70 - 1.88)	0.000
Receives concessionary travel	No (ref cat)			
	Yes	0.51	(0.47 - 0.56)	0.000
	No (ref cat)			

Owns or has access to a car	Yes	0.95	(0.91 - 1.00)	0.058
Household structure	Couple with children (ref cat)			
	Couple without children	1.15	(1.08 - 1.22)	0.000
	Lone parent	0.67	(0.60 - 0.75)	0.000
	Single adult	0.82	(0.77 - 0.88)	0.000
	Other	1.15	(1.08 - 1.22)	0.000

F (4,123526) =2.84, Prob > F= 0.0229

C4: Non-travel coefficients including age x travel concessions interactions

Variable	Characteristic	Odds Ratio	95% C.I	p value
Income	£50,000+ (ref cat)			
	£25,000-£49,999	1.09	(1.03 - 1.15)	0.003
	£15,000-£24,999	1.13	(1.06 - 1.20)	0.000
	>£14,999	1.20	(1.13 - 1.28)	0.000
Gender	Male (ref cat)			
	Female	1.15	(1.10 - 1.20)	0.000
Age, Receives no concessionary travel	18-49 (ref cat)			
	50-59	1.03	(0.97 - 1.10)	0.261
	60-69	1.54	(1.36 - 1.75)	0.000
	70-79	2.45	(2.02 - 2.96)	0.000
	80+	5.24	(4.33 - 6.34)	0.000
18-49, Receives concessionary travel	No (ref cat)			
	Yes	1.98	(0.48 - 8.18)	0.345
Age, Receives concessionary travel	18-49 (ref cat)			
	50-59	0.46	(0.09 - 2.21)	0.328
	60-69	0.31	(0.08 - 1.29)	0.109
	70-79	0.23	(0.06 - 0.97)	0.046
	80+	0.19	(0.04 - 0.78)	0.022
Employment status	FT Employment (ref cat)			
	PT Employment	1.24	(1.14 - 1.35)	0.000
	Self-Employed	1.53	(1.43 - 1.65)	0.000
	In education	1.74	(1.60 - 1.89)	0.000
	Unemployed/Unable to work	2.84	(2.64 - 3.05)	0.000
	Retired	2.37	(2.15 - 2.60)	0.000
	Other economically inactive	2.49	(2.32 - 2.67)	0.000
Location	Inner London (ref cat)			
	Outer London	1.09	(1.05 - 1.13)	0.000
Ethnicity	White British (ref cat)			
	White Other	1.06	(1.01 - 1.13)	0.032
	Mixed Heritage	1.09	(0.95 - 1.25)	0.220
	Indian	1.29	(1.21 - 1.39)	0.000
	Pakistani and Bangladeshi	1.47	(1.35 - 1.60)	0.000
	Black African/Caribbean/British	1.35	(1.27 - 1.44)	0.000
	Other Ethnic background	1.29	(1.21 - 1.38)	0.000
Driving licence	None (ref cat)			
	Holds one or more	0.64	(0.61 - 0.67)	0.000
Has a disability	No (ref cat)			
	Yes	1.78	(1.69 - 1.88)	0.000
	No (ref cat)			

Owens or has access to a car	Yes	0.95	(0.91 - 1.00)	0.065
Household structure	Couple with children (ref cat)			
	Couple without children	1.14	(1.08 - 1.21)	0.000
	Lone parent	0.67	(0.60 - 0.75)	0.000
	Single adult	0.82	(0.77 - 0.88)	0.000
	Other	1.14	(1.07 - 1.21)	0.000

F (4,123526) = 6.89 Prob > F= 0.0000

C5: Non-travel coefficients with age x household structure interactions

Variable	Characteristic	Odds Ratio	95% C.I	p value
Income	£50,000+ (ref cat)			
	£25,000-£49,999	1.10	(1.04 - 1.16)	0.001
	£15,000-£24,999	1.15	(1.08 - 1.22)	0.000
	>£14,999	1.23	(1.15 - 1.31)	0.000
Gender	Male (ref cat)			
	Female	1.14	(1.09 - 1.19)	0.000
Employment status	FT Employment (ref cat)			
	PT Employment	1.25	(1.15 - 1.36)	0.000
	Self-Employed	1.53	(1.42 - 1.64)	0.000
	In education	1.75	(1.61 - 1.90)	0.000
	Unemployed/Unable to work	2.84	(2.64 - 3.06)	0.000
	Retired	2.42	(2.21 - 2.66)	0.000
	Other economically inactive	2.49	(2.32 - 2.68)	0.000
Location	Inner London (ref cat)			
	Outer London	1.09	(1.05 - 1.13)	0.000
Ethnicity	White British (ref cat)			
	White Other	1.05	(1.00 - 1.12)	0.069
	Mixed Heritage	1.08	(0.95 - 1.24)	0.242
	Indian	1.30	(1.21 - 1.40)	0.000
	Pakistani and Bangladeshi	1.44	(1.33 - 1.57)	0.000
	Black African/Caribbean/British	1.33	(1.25 - 1.42)	0.000
	Other Ethnic background	1.28	(1.20 - 1.37)	0.000
Driving licence	None			
	Holds one or more	0.64	(0.62 - 0.67)	0.000
Receives concessionary travel	No (ref cat)			
	Yes	0.52	(0.48 - 0.57)	0.000
Has a disability	No (ref cat)			
	Yes	1.78	(1.69 - 1.87)	0.000
Owns or has access to a car	No (ref cat)			
	Yes	0.97	(0.93 - 1.02)	0.277
Household structure 18-49	Couple with children (ref cat)			
	Couple without children	1.19	(1.11 - 1.27)	0.000
	Lone parent	0.67	(0.60 - 0.76)	0.000
	Single adult	0.77	(0.70 - 0.84)	0.000
	Other	1.08	(1.01 - 1.15)	0.034
Age, Couple with children	18-49 (ref cat)			
	50-59	0.95	(0.83 - 1.10)	0.532
	60-69	1.64	(1.21 - 2.23)	0.002
	70-79	2.51	(1.56 - 4.06)	0.000

	80+	4.59	(0.97 - 21.72)	0.055
Age, Couple without children	18-49 (ref cat)			
	50-59	1.05	(0.89 - 1.25)	0.548
	60-69	1.01	(0.74 - 1.39)	0.933
	70-79	0.76	(0.47 - 1.23)	0.266
	80+	0.69	(0.15 - 3.28)	0.644
Lone parent	18-49 (ref cat)			
	50-59	0.85	(0.56 - 1.28)	0.427
	60-69	1.28	(0.44 - 3.68)	0.653
	70-79	0.72	(0.16 - 3.14)	0.657
	80+	0.42	(0.02 - 8.83)	0.573
Single adult	18-49 (ref cat)			
	50-59	1.19	(0.97 - 1.46)	0.095
	60-69	1.13	(0.81 - 1.57)	0.463
	70-79	0.94	(0.58 - 1.53)	0.807
	80+	0.95	(0.20 - 4.49)	0.946
Other	18-49 (ref cat)			
	50-59	1.15	(0.95 - 1.40)	0.141
	60-69	1.13	(0.81 - 1.58)	0.464
	70-79	1.16	(0.71 - 1.91)	0.557
	80+	1.06	(0.22 - 5.05)	0.941

F(16,123514) =2.65 Prob > F= 0.0004

Appendix D: Information sheet and consent forms

D1: Information sheet for older disabled participants

INFORMATION SHEET FOR PARTICIPANTS

REC Reference Number: CREC/17/18-02



YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Older disabled Londoners' everyday mobility

I'm a researcher from King's College London conducting a PhD on the factors which influence your travel, and the ways in which this might affect your health. I'm interested in people in London that are over the age of 65 who are disabled and/or have problems getting around. I'm interested in how much you travel, and the reasons why you choose the type of transport you use. I'm also interested in things you might find difficult or helpful about using different modes of transport and how this might affect how you lead your day to day life. Even if you find it difficult to leave the house very much at all I am still interested in understanding the reasons why.

If you partake in this study, I do not anticipate that you will experience any risks or direct benefits that you would not otherwise experience in your day to day life. This study is designed to generate greater knowledge about how older Londoners who experience disability or impairment go about their day-to-day lives and achieve the level of mobility they desire.

Would you like to take part in this study?

This would involve letting me accompany you on a trip you make as part of your day to day life, whether you're walking, driving or taking public or door-to-door transport like Dial-a-Ride. This would help me to understand the things you find helpful or difficult about transport and would allow us to talk about them during your trip. I also want to interview people in order to understand their perspectives, so you can alternatively take part in the project by participating in an interview with me about your use and experiences of different kinds of transport in London. Interviews will take place at a time and place that suits you and I anticipate that they will last up to 45 minutes. With your permission, I will digitally record your views to ensure I have recorded them accurately. Anything you tell me will remain confidential and any views or comments I use in writing up the study will remain anonymous.

Taking part in this project is not compulsory. You may withdraw from the project at any time and may also withdraw your data by 31/03/2018. A summary report of the study's findings will be available after its completion should you wish to receive one. This project is funded by the Economic and Social Research Council, grant number: ES/J500057/1

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Philip Corran 0207 848 7862 philip.corran@kcl.ac.uk

What if I have further questions, or if something goes wrong?

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact King's College London using the details below for further advice and information:

Judith Green 020 7848 6693 judith.green@kcl.ac.uk

Thank you for reading this information sheet and for considering taking part in this research.

D2: Information sheet for transport staff participants
INFORMATION SHEET FOR PARTICIPANTS

REC Reference Number: CREC/17/18-02



YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Older disabled Londoners' everyday mobility

I'm a researcher from King's College London conducting a PhD on the factors which influence your travel, and the ways in which this might affect your health. I'm interested in people in London that are over the age of 65 who have problems getting around. I'm interested in how much you travel, and the reasons why you choose the type of transport you use. I'm also interested in things you might find difficult or helpful about using different modes of transport and how this might affect how you lead your day to day life. Even if you find it difficult to leave the house very much at all I am still interested in understanding the reasons why.

If you partake in this study, I do not anticipate that you will experience any risks or direct benefits that you would not otherwise experience in your day to day life. This study is designed to generate greater knowledge about how older Londoners who experience disability or impairment go about their day-to-day lives and achieve the level of mobility they desire.

Would you like to take part in this study?

This would involve letting me accompany you on a trip you make as part of your day to day life, whether you're walking, driving or taking public or door-to-door transport like Dial-a-Ride. This would help me to understand the things you find helpful or difficult about transport and would allow us to talk about them during your trip. I also want to interview people in order to understand their perspectives, so you can alternatively take part in the project by participating in an interview with me about your use and experiences of different kinds of transport in London. Interviews will take place at a time and place that suits you and I anticipate that they will last up to 45 minutes. With your permission, I will digitally record your views to ensure I have recorded them accurately. Anything you tell me will remain confidential and any views or comments I use in writing up the study will remain anonymous.

Taking part in this project is not compulsory. You may withdraw from the project at any time and may also withdraw your data by 31/03/2018. A summary report of the study's findings will be available after its completion should you wish to receive one. This project is funded by the Economic and Social Research Council, grant number: ES/J500057/1

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Philip Corran 0207 848 7862

philip.corran@kcl.ac.uk

What if I have further questions, or if something goes wrong?

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact King's College London using the details below for further advice and information:

Judith Green 020 7848 6693 judith.green@kcl.ac.uk

Thank you for reading this information sheet and for considering taking part in this research.

CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES



Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: Older disabled Londoners' everyday mobility

King's College Research Ethics Committee Ref: CREC/17/18-02.

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Please
tick or
initial

I confirm that I understand that by ticking/initialling each box I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study.

☐

I confirm that I have read and understood the information sheet dated 14/11/2017 for the above study. I have had the opportunity to consider the information and asked questions which have been answered satisfactorily.

☐

I understand that I will be able to withdraw my data up to 4 weeks after my interview

☐

I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the UK Data Protection Act 1998.

☐

I understand that my information may be subject to review by responsible individuals from the College for monitoring and audit purposes.

☐

Anonymity is optional for this research. Please select from the following options:

a. I wish to be fully identified

☐

b. I wish to remain anonymous

☐

I understand that the information I have submitted will be published as a report

☐

I wish to receive a copy of this report

☐

I consent to my interview being audio recorded.

☐

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Address for summary report (optional):

Appendix E: Topic guides

E1: Older disabled participant topic guide

- Introduction
 - o Consent
 - Can stop at any time
 - Don't have to talk about anything they don't want to discuss
 - o Outline of the study
 - o Confidentiality and anonymity
- Do they consider themselves to be disabled?
- Do they have an impairment or health condition which affects their ability to go about their day to day activities?
 - o Have they ever had one or a different one to the impairment/disability they currently experience?
- Their day to day travel
 - o What transport modes do they use most frequently/What transport modes do they never use
 - Can they drive
 - Do they dislike or enjoy any modes more than others?
 - o What do they use transport for, where do they go and why?
 - o What factors influence how they travel on a given day
 - o Do they travel alone or with friends?
 - o Is there anything they'd like to do but can't?
 - Friends
 - Shops
 - Activities
 - Family
 - o Do you have any concerns about your ability to travel in the future?
- Are they eligible for subsidised transport?
 - o Have they ever used community transport modes or door-to-door transport modes, have they ever thought about them?
- What do they find difficult about using different transport modes?
 - o Provision
 - o Accessibility
 - o Personal opinions
 - o Other passengers
 - o Bad experiences
- What the environment of the bus is like
 - o smells, sights, sounds, vibrations, feelings
 - o What other passengers are like
 - Are they people like them
 - Nor not like them
 - Are there things people do which annoy them or which they find helpful or nice
 - o When was the last time someone offered you a seat on the bus?
- How they've travelled across the course of your life
 - o Have their transport habits changed much
 - Different modes
 - Different needs you've had
 - Different places they may have lived
 - o The best/worst thing to happen to them on public transport
 - o Have you ever driven?

- When was the last time they used 'X' mode of transport (bus/train/community transport/door-to-door/car/taxi/tram)
- How do other people treat them on public/door-to-door transport?
 - Particular experiences
 - How do they treat other people on public transport?
 - Do they talk to other passengers at all?
 - How do they pass the time whilst travelling?
 - Do they talk to drivers etc.
- Do you ever spend the whole day inside your house?
 - When was the last time you spent the whole day indoors?
 - What are the reasons for it?
 - What did you do all day?
- When was the last time you went to 'x' place? (local landmark, park, shopping centre, borough etc.)
- Is there anything that would make them/allow them to travel more than they do currently
- Use of social media/internet, technology
 - Do you carry around a mobile phone?
 - Do you ever look up travel information? How do you do so?
- When was the last time you went abroad?
 - Do you have plans to in the future? What would you do if you could
- Is there anything else you think I should know?

E2: Transport staff Topic guide

- Explain the research: I'm looking at older disabled Londoners and how they find travelling in London.
 - o Bus drivers/station staff play an important part in this.
 - o However, transport staff are under their own pressures. I want to understand the pressures and different responsibilities you have to manage and how you balance them in practice.
 - o How do things learned in training courses or accessibility policies work out in practice?
- Consent – we can stop at any time, don't need to discuss anything you don't want to discuss
 - o Confidentiality
 - o Anonymity (as much as I can). I can also send them anything I write to make sure they're happy with it.
- Describe your job/role?
 - o How long have you done it for?
 - o What type of training have you received? How was it?
- What happens when older person gets on bus/enters station
 - o How often do you have older people with mobility problems on your buses?
 - o What are the things you do to make it easier for older people or people with mobility problems to use the bus?
 - Do you think you are as helpful as you could be?
 - Are there particular things which prevent you from being as helpful as possible, things which help you to be more helpful?
 - o Can you give me an example of a recent time you had an older person in the bus/station that needed a bit of extra help?
 - o When you're pulling up to a stop, stopping and leaving the stop, what are all of the things you have to consider? How do you balance everything? What comes first?
 - o When someone enters the station what are the things you have to consider?
- Familiarity with passengers
 - o Do you have relationships/familiarity with any older people using your bus/station? E.g. saying hello, befriending them
 - o Does that extend to doing particular things to help them?
 - o Are you ever concerned that passengers will complain about you?
- Wheelchair users
 - o What do you do when a wheelchair user wants to travel?
 - Bus drivers- if there's a buggy in the wheelchair space?
 - o Have you had difficulties with this? Good examples, bad examples
 - o What are all of the considerations?
- Ever had a mobility scooter on the bus/train?
- Training/schemes – Hello London, mobility aid recognition card, dementia friend,
 - o Are things like Hello London helpful?
 - o Have other drivers been receptive to Hello London and other schemes like that?
 - Why? Why not?
 - o What is helpful, what isn't helpful?
- What are the most important things about working in transport in London, in your eyes?

- Skills
 - Responsibilities
 - Motivations
- Do you enjoy being a driver/station staff etc.?
 - Why?
 - What particular things? – favourite/least favourite
- What are the most difficult things about your job?
 - Not just to do with passengers – in general
 - Best/worst experiences at work?
- Anything else I've missed out or you think I should know?

Appendix F: Ethics approval letters

F1: LSHTM approval

London School of Hygiene & Tropical Medicine

Keppel Street, London WC1E 7HT

United Kingdom

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www.lshtm.ac.uk



Observational / Interventions Research Ethics Committee

Mr Philip Corran LSHTM

8 September 2016

Dear Philip

Study Title: Transport Systems and Social Inclusion: A case study of disability and older adults in London

LSHTM Ethics Ref: 11728

Thank you for responding to the Observational Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

Approval is dependent on local ethical approval having been received, where relevant.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document Type	File Name	Date	Version
Covering Letter	Philip Corran ethics application clarification letter		
Investigator CV	Philip Corran C.V	22/06/2016	1
Information Sheet	Transport and social inclusion Information sheet	23/06/2016	1
Information Sheet	Transport and social inclusion consent form	23/06/2016	1
Protocol / Proposal	Transport and social inclusion Policy and provider interview topic guides	23/06/2016	1
Protocol / Proposal	Transport and social inclusion interview topic guide	23/06/2016	1
Information Sheet	Transport and social inclusion Information sheet	22/08/2016	2

After ethical review

The Chief Investigator (CI) or delegate is responsible for informing the ethics committee of any subsequent changes to the application. These must be submitted to the Committee for review using an Amendment form. Amendments must not be initiated before receipt of written favourable opinion from the committee.

The CI or delegate is also required to notify the ethics committee of any protocol violations and/or Suspected Unexpected Serious Adverse Reactions (SUSARs) which occur during the project by submitting a Serious Adverse Event form.

At the end of the study, the CI or delegate must notify the committee using an End of Study form.

All aforementioned forms are available on the ethics online applications website and can only be submitted to the committee via the website at: <http://leo.lshtm.ac.uk>

Additional information is available at: www.lshtm.ac.uk/ethics

Yours sincerely,

A handwritten signature in black ink, appearing to read 'John Porter', with a horizontal line underneath.

Professor John DH Porter
Chair

F2: KCL approval

16th November 2017
Philip Corran
Division of Health and Social Care Research
Faculty of Life Sciences & Medicine
King's College London
5th Floor Addison House
Guy's Campus
London SE1 1UL



KCL Ref: CREC/17/18-02

Dear Philip,

I am pleased to confirm that King's College London's College Research Ethics Committee (CREC) have reviewed your external research request and accept your ethical approval and agree to now sponsor your research. This is on the proviso that the below amendments are made to your recruitment documents:

Amendments to Information Sheet:

- Please insert a sentence that provides information on the withdrawal of data. For example, 'you may withdraw at any time, and without giving a reason, and may also withdraw your data up XX/XX/XXX'.
- Please mention in your first paragraph that this study is part of your PhD project.
- Please include an explicit statement that potential participants do not have to take part.
- You have included a line that says "Address for summary report" in your consent form. If you intend to provide such a report, please add a line stating that this will be available in the Info Sheet and add a tick box to the consent form so that participants can indicate whether they want to receive it. Alternatively, if you are not going to provide a report, please delete these lines from the consent form.
- Please include the above CREC reference number in your recruitment documents.

Please ensure that you follow all relevant guidance as laid out in the King's College London Guidelines on Good Practice in Academic Research (<http://www.kcl.ac.uk/college/policyzone/index.php?id=247>). For your information, ethical approval is granted until **16/11/2020**.

Ethical approval is required to cover the data-collection phase of the study. This will be until the date specified in this letter. However, you do not need ethical approval to cover subsequent data analysis or publication of the results. Please note you are required to adhere to all research data/records management and storage procedures agreed to as part of your application. This will be expected even after the completion of the study. If you have any query about any aspect of this ethical approval, please contact the Research Ethics Office: (<http://www.kcl.ac.uk/innovation/research/support/ethics/contact.aspx>)

We wish you every success with this work
Yours sincerely,

Gareth Barker
Professor Gareth Barker
Vice-Chair, College Research Ethics Committee
King's College London